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ORIGINAL COMMUNICATIONS.

ARTICLE I.

TWO CASES OF LITHOTOMY.

Reported chiefly with reference to the Constitutional Treatment in connexion with Operations and Injuries.

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I have in my mind the lessons of my early medical education, enjoining an extreme antiphlogistic treatment and the least possible nourishment in connexion with operations and injuries, *lest inflammation should run too high.* The lessons of experience have greatly modified those of my early education.

Case 1.—Marshall Sharpe, aged 21, of rather short stature and solid make, with a bluish skin, as if there were a rather sluggish capillary circulation, and walking carefully, as if afraid of any jar, says that ever since his earliest recollection he has had some trouble in his bladder. He has the usual symptoms of stone, and gives the test by sounding.

Jan. 25th, 1857. After five days of spare diet, with a quarter-grain each of morphia and belladonna at bedtime, to secure good sleep of nights, and after taking a dose of oil the night before to effectually evacuate the bowels, and having been etherized (with ether ¾ and chloroform ¼ mixed), Drs. Edgar, Jones, Gaddis and Christie being present,—the patient being

confined in the usual position, and the presence of the stone having been demonstrated by the click against the sound—the ordinary lateral operation was proceeded with, using a scalpel to open into the staff, and a long, straight, slender, wide-pointed bistoury to divide the prostatic body. Four stones were extracted, with an aggregate weight of a little less than three ounces (922 grains).

There was nothing remarkable in the operation, and at its close every circumstance seemed favorable. Pulse 76 in the after part of the day. A tolerably comfortable night followed.

Second day. Vomited in the morning after drinking considerable water; pulse 90.

At noon, a chill followed by a fever, with a pulse of 120; sweating off by six o'clock, with a soft pulse of 100.

Eats a little toast with relish. This is the first nourishment he says he has taken for two days except gruel, having an idea that he could not starve himself too much.

He says he had a chill two weeks ago, which throws some light upon the present one. 5 grs. quinia to be taken to-night, with 20 drops laudanum, and 5 grs. quinia to be taken in the morning.

Third day. After a tolerable night, pulse 100 in the morning and 108 in the evening; eats his toast with only a moderate relish; no pain; some urine passes the natural way. Oil and laudanum to be taken at bedtime.

Fourth day. Oil operated; pulse 96; complains of nothing but weariness from lying; takes 5 grs. quinia this morning.

Fifth day. Pulse 88.

Sixth day. Morning.—Has slept poorly; urine passes almost entirely the natural way; has a troublesome pain in the back. Evening.—Pulse 100. Take oil and laudanum.

Seventh day. Slept better. Oil not operating, takes two laxative pills; not operating, the dose was repeated with the desired effect. Pulse 100.

Ninth day. Slept well; pulse 100. Urine passes mostly through the wound. Takes 3 grs. quinia in morning.

9 *p. m.* Pulse 120. Tongue assuming a brownish color. Takes quinia 3 grs. and laudanum 20 drops.

Tenth day. 9 *a. m.*—Slept well; pulse 120; feels weak. Takes during the day, wine at intervals, some chicken and some beef tea.

9 *p. m.* Pulse 100. Says he feels stronger. His living has agreed with him, though he has found no good taste in his chicken or in his beef tea.

This is significant. Here has been a mistake, growing out of the assumption, that the appetite would indicate the necessity of the system for food. This patient has not taken sufficient food for several days, simply because he was not told that he must eat it *whether he liked it or not.* This want of appetite has probably been aided by the force of imagination. Once get a patient to believe that the less he eats the better it will be for him, and if his case is so serious as to engross his mind, he will probably think he has no relish for food, just as there is no relish for fun, either in a revival, or upon a death-bed.

I wrote in my case book: "He seems for the last three days to have been sinking from inanition, but I have been afraid of stimulants, lest they should excite local inflammation; and he has had no appetite for any food. Finding the urine to cease entirely by the urethra, and to come altogether by the wound, I inferred that repair had ceased for want of the material in the blood with which to effect reparation, and the trial of to-day seems to show that I was carrying the antiphlogistic regimen too far."

He takes as a retiring dose, quinia 3 grs., laudanum 15 drops, and brandy a teaspoonful.

He is to have beef-tea and brandy once during the night.

Eleventh day. Pulse 92 in the morning, and 100 in the evening. Slept well, and says he feels better. No appetite; coating remains upon his tongue; urine all passes by the wound.

Takes 3 grs. quinia three times a day; a teaspoonful of brandy and two or three tablespoonfuls of beef tea, about every three hours.

Twelfth day. Pulse 80, both morning and night; sits up in a rocking chair for a short time; takes his beef tea freely, and it is *less offensive to him than at first.* Takes also pretty freely

of wine and a small quantity of brandy. Two evacuations from his bowels without cathartic medicine.

Though he has not relished anything up to this time, yet nothing has distressed him after it has been taken. I am reminded by this of the experience of Dr. Kane, who spent two winters near the 80th parallel with his party, undergoing great privations. He states that when suffering from inanition from deficient food and hard exercise, the appetite and relish for food became extinct, and he had to require his men to eat *against their inclination.*

Had I persisted in my fears of inflammation, and allowed my patient to starve himself, I should certainly have lost him. The case had come into that typhoid condition, so commonly arising from general causes, in which the success of the physician depends upon his skill in feeding.

From this time my patient gained appetite and strength rapidly, and there was no further any trouble.

Case 2.—Daniel McLaughlin, aged 26, of moderate stature and spare habit, presented himself six years ago, and on sounding, a stone was distinctly felt. He was advised to be cut, but did not like the advice. He afterwards spent two summers at the mineral springs in Green county, near Whitehall, and found great relief from the water. He thought himself cured, got married, went to farming, and begat children. He could ride on horseback, and do everything that an active and energetic man wishes to do.

Last harvest, while working hard, he got an irritation of his bladder with what was supposed to be an impaction of a stone in the neck of the bladder. After several days, his physician supposed that he pushed away the stone by means of a catheter, and the patient was relieved. He was, however, unable to do any more work, and continued feeble, having frequent attacks of chills, with a necessity to pass his urine from ten to twenty times every night.

As a last resort, he resolved to submit to an operation. For this purpose he presented himself, January 24th, 1859, with a habitual pulse of 100, emaciated, and unable to go up and down stairs without a great aggravation of the vesical irritation.

Having resolved upon the operation, he was in great haste to have it over with; but he was told that his pulse must come down to 70, and that this must require rest and time. By morphia to procure sleep, by non-mercurial laxatives to neutralize the constipating effects of the morphia, by moderately nutritious but easily digested farinaceous diet, I hoped to bring the pulse down to the test frequency of 70. In spite of this, his pulse remained about 90. The urine being acid to test paper, I gave him a decoction of uva ursi, with a small quantity of carbonate of soda. Not being satisfied with my treatment in quieting irritation, I gave him three grains of quinia three times a day, with a manifest influence in reducing the frequency of the pulse. The first day's trial working well, he took fifteen grains on the second day, but his pulse would not come below 80.

Feb. 2nd. Patient has less irritation, and is anxious for the operation. I had the night before resolved to operate if the wind would change from the warm, damp, negatively electrified south wind, to the cold, dry, positively electrified north-west. On rising in the morning, the wind was still blowing from the south; but by 7 o'clock it had changed to the desired north-west.

I have a suspicion that in operations there is not sufficient attention paid to such considerations; but when the question of success or failure turns upon a combination of influences, each one slight in itself, attention to them will often give the slow and clumsy operator far more reputation than manual dexterity can secure. In operations which can be done one day as well as another, it may be of no little importance to choose a day in which the warmly dressed man will say, "how fine and bracing," instead of a day in which he will say, "how dull and good-for-nothing it makes one feel."

The pulse was still at 80, ten beats above my test number, but knowing that it was kept up by an irritation which the operation would in part remove, I proceeded. Present: Drs. Long, Reed, English and G. Selden Smith, and some non-professional gentlemen. Patient etherized in bed to save the repulsion of being laid upon the table in the waking state (ether ¾, chloroform ¼, mixed). Operation proceeded with in all respects as in the other case just detailed, only that warm water

to the amount of a pint was thrown into the bladder previous to cutting. The application of the forceps revealed a stone larger than had been estimated. Forceps loosened from the stone and withdrawn. Bistoury reintroduced, guided by the forefinger of the left hand, and made to cut the prostatic body upon the right side, taking great care not to go beyond the prostatic investing membrane. This was done without any further enlarging of the external wound, and after the manner described by Dr. R. D. Mussey, in the *American Journal of Medical Sciences*, for January, 1844, page 264, and by Dr. J. C. Warren, in the same journal, for October, 1844, page 293. A larger forceps was introduced, and aided by the forefinger of the left hand in the rectum, and much patient waiting and gradual pulling, after the fashion of traction upon the child's head with obstetrical forceps, the stone was finally brought out, of a brownish color, as of lithic acid, measuring over three circumferences, —6, 7 and 8 inches, and weighing four and a quarter ounces avoirdupois.

The patient was about an hour and a half under the influence of ether, and after being put to bed his pulse was 150 and feeble; but giving several tablespoonfuls of whisky, and covering him up well with bed clothes, the pulse gained in force and fullness and lessened in frequency.

10 *p. m.* Pulse 100; pain in abdomen, but no marked pain on pressure. He has taken some brandy and broth during the evening. I introduced a portion of gum elastic catheter to ensure a drain from the bladder. Takes morphia ¼ grain in a tablespoonful of wine.

Second day. 5 *a. m.*—Pulse 100, small; has rested pretty well during the night; urine passes partly through the catheter and partly outside of it. He has taken a little wine several times, and ate a piece of toast with a cup of coffee. Says he has not as good a relish as yesterday morning, before the operation.

3 *p. m.* Pulse 100; some thirst. Says he feels faint and dizzy at times. Does not drink as much to-day as yesterday.

Third day. 7 *a. m.*—Pulse 100, soft. Has just taken a cup of coffee and ate a piece of toast. Skin of natural feel; some hoarseness in voice.

1 *p. m.* Pulse 100. Has taken more nourishment to-day than yesterday. He has taken tincture of veratrum viride, at 7 a.m. six drops, at 9 six drops, and at 1 p.m. twelve drops, making in all twenty-four drops. At the time of giving this last dose there was no apparent effect from the others.

5 *p. m.* Pulse 56; vomiting greenish fluid; complains of being deathly sick. He is overdosed with veratrum viride. Wine and morphia first given were thrown up, but half a grain of morphia given at 7 o'clock remained, producing a comfortable sleep.

8 *p. m.* Pulse 56.

Fourth day. 7 *a. m.*—Pulse 88. Has passed a good night. Eats his toast with a good relish.

11 *a. m.* Carefully changed from one bed to another.

9 *p. m.* Pulse 80; cheerful; eats his food with relish. Feels an occasional discharge of wind through the wound, indicating a fistula made either by cutting or tearing.

Fifth day. Pulse 80; good appetite; eats some meat.

Seventh day. Pulse 88. Six grains of leptandrin given last night have not operated, and he takes oil which operates well.

Eighth day. Pulse 80.

Ninth day. 7 *a. m.*—The wind has been blowing briskly from the north-west, bringing the temperature from 7° yesterday to zero to-day. Patient had a chill in the night, which woke him out of his sleep, leaving him with tenderness of the abdomen. No appetite; pulse 92. Gave one grain of morphia with hot applications to his abdomen, followed soon afterwards by a dose of sulphate of magnesia.

2 *p. m.* Pulse 112; sweating. He has been thirsty, but is now less so.

4 *p. m.* Pulse 100. Sulph. magnesia has operated. Severe tympanitis of the abdomen, and tongue and lips somewhat dry.

11 *p. m.* Pulse 108. Has taken three drops tinct. veratrum viride at 7 and 10, and now takes three drops veratrum viride, seven grains of quinine, and one grain of morphia, all in one dose.

12 *Nocte.* Skin of healthy softness. Takes three drops tinct. veratrum viride and eats a little.

Tenth day. 7 *a. m.*—Pulse 100. Alvine evacuations thin, and passing with but very little consciousness on the part of the patient. Ordinary respiration good, but a deep breathing is painful; pain felt in hypogastric region; tympanitis and soreness less. Takes three drops veratrum viride in a little wine.

9 *a. m.* Takes six grains quinia, one quarter grain morphia, and three drops veratrim viride, in wine; shortly afterwards, five grains acetate of lead in wine; soon afterwards, a tablespoonful of brandy, with very manifestly good effect both upon the feelings of the patient and in restraining the diarrhœa.

5 *p. m.* He has taken some toast and tea, and has slept well. Vomited about 12 o'clock, after taking some brandy, but he immediately took more, which remained upon his stomach.

10 *p. m.* Pulse 100. Has taken some nourishment and slept some. Takes one-third grain morphia in some brandy.

Eleventh day. 6 *a. m.*—Pulse 98, soft. Has taken considerable nourishment in small quantities. His extremities carefully bathed in warm water.

10 *p. m.* Pulse 98. Nourishment and brandy have been frequently repeated. Had two thin alvine evacuations in the middle of the day. Took three grains quinia and one quarter grain morphia some time during the day. Now eats a little toast. His nourishment is *urged upon him;* he has not much relish for it.

Twelfth day. Feb. 13th.—Temperature 3° below 0. Pulse remains about 100. Takes nourishment and is comfortable. About 6 p. m. he had a chill, followed by a fever of about two hours' duration. After this he took one-third grain morphia with three drops veratrum viride, and, not sleeping, the dose was repeated about 10 o'clock. Blister applied to the hypogastrium.

Thirteenth day. The drawing blister kept the patient awake more than usual. Pulse 92 in sleep and 100 awake. Took three doses of morphia during the night, and three grains quinia. Somewhat nauseated; vomited about 10 a.m., after taking some nourishment, and had a slight chill in the evening.

Fourteenth day. General appearance improved. Toast, beef tea, brandy and morphia are the remedies. Some improvement

in his relish for nourishment; has had several slight chills, followed by febrile flushes, during the day.

Fifteenth day. Doing well; appetite good.

Sixteenth day. Pulse 72; appetite good. A cathartic given.

Twenty-first day. Pulse 76 while sitting up and 60 while lying down.

Twenty-sixth day. Urine passes partly by the urethra.

Thirty-fourth day. Divided the sphincter ani to cure the fistula made in the operation.

Thirty-fifth day. Another chill treated by quinia and morpha.

Forty-seventh day. He rides out.

Fiftieth day. Gone home.

One hundredth day. There is still some leak from a small recto-urethral fistula which remains. He has had repeated chills since he went home.

It will be seen from the history of these cases that the treatment of the inflammation, as commonly understood, was a very small element. The practical end forcing itself upon the attention of the surgeon was to keep the patient from *running down.* The general health was below par from the long continued irritation, and the deranging influence of the operation tended to adynamic fever, requiring particular attention to secure the taking of adequate nourishment with stimulating and tonic medicines. In the preparatory treatment of the second case, quinia brought down the frequency of the pulse, while rest, anodynes and moderate diet failed to do it. After the operation, this patient passed no day without taking wine or brandy; and much of the time quinia, with food *against his taste,* and not because he liked it. In the first case, the turning point in the patient's recovery was when nourishment and stimulants were pushed in spite of his loathing of food, and even occasional vomiting.

The condition of these patients is only an exaggeration of the condition of the majority of persons who become the subjects of injuries in our climate; and the surgeon who would be successful, must keep a constant watch lest his patient fail of adequate nourishment. To the man of experience, it will generally be possible to distinguish the cases which really require antiphlo-

gistic treatment. According to my experience, however, it is safer to *anticipate* sinking from the shock of the injury (or operation), and from the tax upon the system involved in the reparation, than to anticipate high inflammation and destructive synochal fever.

As our idiopathic diseases mostly require a treatment which is very far from being antiphlogistic, so the treatment in connection with injuries and operations requires a like modification from that which may be proper when the diseases are of a high inflammatory character.

While it is imperative that watchful care should be exercised to see that the patient is properly supported and nourished, it is also of the very first importance not to neglect *depurative* means. A mercurial cathartic is often the necessary precursor to the administration of tonics and nourishment, and it seems, to a superficial observer, as though calomel were itself a tonic. The excessive *good eater* leaves his hotel and visits a mineral spring; drinking freely of the diuretic water, which, by its dissolving property, clears out the effete materials, and stimulates the processes of transmorphosis throughout the whole system, and he says, "how clarifying, how bracing, how appetizing!" Proper diet and exercise might have obviated the necessity for all this, but the medical man finds his patient in a morbid state, and these artificial means cut short the processes which diet and care may more slowly secure. It so happens, in vast numbers of diseases, accidents and operations, that the question of success is a question of time, just as much as the question whether a horse pulls a cart out of the mire turns on this other question, whether there is a shoulder to the wheel *in time*, before the horse is exhausted.

I have often thought that the skill of one physician over another turned more upon the right use of *depurants* and alteratives than upon anything else. In a plain case of exhaustion it is easy to give stimulants, and in an inflammatory fever to bleed; but when to give calomel, squills, potassa and so forth, so as to make them indirect tonics, and at the same time to be confident that one is *right*, this is an excellence of the highest order in medicine.

ARTICLE II.

REDUCTION OF DISLOCATED SHOULDER OF SIX WEEKS' STANDING.

BY EPHRAIM INGALS, M.D., PROF. OF MAT. MED. IN RUSH MED. COLLEGE.

This case occurred in a laboring man, aged about fifty years, having a muscular system of medium development, who, six weeks before I saw him, had a dislocation of the shoulder, which had remained unreduced. The humerus was thrown downwards and forwards, its head resting on the pectoral muscles. There was total inability to raise the arm; indeed, motion of the limb in any direction was extremely limited and caused much pain. Though impressed with the dangers that might attend the operation, nevertheless, the deformity was so great, and the inconvenience so serious to the patient, that I determined to attempt the reduction of the bone by the application of such force as I thought justifiable. The necessary preparations having been made for the application of the pulleys, the patient was placed very completely under the influence of a mixture of ether and chloroform, and a suitable degree of extension having been made and kept up for about five minutes, the heel was placed in the axilla. Extension was made by the hand at the same time that that by the pulleys was kept up, the arm being then carried across the body, the foot acting as a fulcrum, the head of the bone was thrown into its natural position, the breaking up of the adhesions being audible to all present. After removing the means by which extension had been made, the elbow was confined to the side, but in a little time the head of the bone seemed to slip from the glenoid cavity, though not nearly so great an extent as at first. Anæsthetics being again used, and Jarvis' adjuster applied, the head of the bone was returned to its proper position, after which a light compress was placed in the axilla, the elbow was carried upwards and bandaged to the chest, and the patient was sent to his home, twenty miles from the city. He returned to me in two weeks.

At this time the head of the bone was perfectly in its place, the appearance of the shoulder being not unlike that of the

other, except in a little lack of rotundity, which was not greater than might be expected from atrophy of the deltoid muscle, induced by absolute inaction for a period of two months. At this time I directed that passive motion of the joint be commenced, and the application of embrocations with friction; and if there has been no injury of the nerves of the part to occasion muscular paralysis (which may happen even when the dislocation is immediately reduced), I shall expect nearly a complete restoration of the usefulness of the joint. In the reduction of such dislocations, I think the pulleys better than the adjuster, as they leave the axilla unoccupied, and we are thus enabled to apply power more judiciously to the head of the bone. The length of time after such an injury, when it is justifiable to apply such force as would warrant any hope of reduction, is not very well fixed by practical surgeons; indeed, it must vary somewhat according to the condition of the different cases that present themselves for treatment. For this reason I think it well to record and preserve a clear history of every case in which the reduction of an old dislocation is attempted. The accumulation of such facts will enable the surgeon better to decide whether or not the reduction of such dislocations should be attempted, and, if generally successful or harmless, will serve as his justification should the attempt prove unfortunate in its results, which we should not forget it is always liable to do. I have not collated the general results of this operation, though we know it is often followed by a lack of success, and occasionally by even fatal results; in fact, it is likely to be so oftener than we should be led to believe from the perusual of recorded cases, for we well know that surgeons are more prone to publish the issue of favorable than unfortunate attempts. But when we reflect upon our inability to determine whether or not adhesions have formed between the head of the bone and the axillary artery, and the frightful results that might follow the laceration or injury of that vessel, I think every surgeon should ponder well on all such cases, and attempt their reduction with extreme reluctance.

ARTICLE III.

A NEW METHOD OF PREVENTING HEMORRHAGE IN OPERATIONS ON THE LIPS.

BY DANIEL BRAINARD, M.D., SURGEON OF THE U.S. HOSPITAL AT CHICAGO, ETC.

Most surgeons will admit that hemorrhage is the most serious accident attending operations for hare-lip, and others of a similar character. This, it is true, does not, with care, often prove fatal, but it is hurtful in delicate children, and in all has the inconvenience from blood running into the throat, of rendering the use of chloroform dangerous. To prevent bleeding in operations on the lips, I have for many years been in the practice of directing an assistant to compress the facial artery with the fingers when it passes over the base of the lower jaw. The effect of this is only to diminish without arresting the hemorrhage. Compressing the whole cheek by passing a finger within the angle of the mouth, and passing it toward the thumb on the outside, is more effectual, but cannot be accomplished without interfering to some extent with the manipulations of the surgeon.

To avoid this, I have recently substituted common forceps for the finger, and embrace the upper lip on each side at a sufficient distance to allow the pins to be passed. This also is attended with some inconvenience, and I therefore had a small one constituted with a slide by which it is fixed. This is bent at the point, which should be turned toward the alæ nasi. This, with slight additional pressure by the fingers of an assistant at the side of the alæ nasi in cases of hare-lip, or upon the chin in operations for cancer of the lower lip, so effectually arrests the hemorrhage that chloroform may be safely used. These forceps are convenient for holding the lip while the needles are being inserted.

The figure represents the form of forceps which I have found useful, and is of half size. One should be applied on each side.

ARTICLE IV.

PROF. DONDERS' MODE OF ASSISTING VISION IN CERTAIN OPACITIES OF THE CORNEA.

BY E. L. HOLMES, M. D., OF CHICAGO.

Every person of experience in diseases of the eye must have observed numerous cases in which, after all active disease had disappeared, more or less extensive opacities of the cornea had left the organ in an almost useless condition. Various operations and modes of treatment have been devised to restore vision in such cases, and, it is true, are often applied with advantage. No operation, perhaps, has been more successful than that for artificial pupil; and yet there are instances in which even this operation alone, however skilfully it might be performed, and however prudent the subsequent treatment might be, would fail to produce any beneficial results. The other operations are so seldom practicable, and the treatment by local applications so tedious, that any *simple* means of aiding vision, if it be found suited to even few cases, must be of interest to our profession.

The simple apparatus of Prof. Donders, although it had been applied already in cases of conical cornea, and had long been used by travellers in high latitudes to protect the eyes from the influence of the dazzling snow, had never been tried in certain conditions of the cornea. To the distinguished oculist of Utrecht belongs the credit of first extending its application to these cases, and, with an account of the discovery, publishing an analysis of the principles upon which its efficiency depends. The apparatus, in its simplest form, is nothing more in appearance than a common pair of spectacles, the glasses of which have been exchanged for thin slips of blackened ivory, pierced in the centre with minute apertures.

Since the appearance of Prof. Donders' paper in the *Netherlands Lancet* (of 1854 I think), the leading oculists in Europe have written or lectured more or less upon the subject, and proved the utility of this simple discovery.

The effect produced upon vision by the presence of opacities upon the cornea depends, of course, upon the degree of opacity and their situation.

However paradoxical it may appear, it is nevertheless true, that translucent obscurations of the cornea covering *portions* of pupil, although they admit more light into the eye than denser opacities of the same extent, in reality cause a much greater derangement of vision. The paradox, however, is easily explained away, when we recollect that it is among the conditions upon which distinct vision depends, that as many rays of light from an object as necessary should unite at the macula lutea of the retina, and that as few as possible from any source should be diffused upon the other portions of the nerve. It is from the fact that these conditions are observed that we obtain, under certain circumstances, a much more distinct view of an object by looking at it through a pin hole pierced through a black card, than with the unprotected eye, for the reason that the card excludes the greater portion of rays entering the eye from other objects, which, without the card, being refracted as diffused light upon different portions of the retina, would render the impression of the object less well defined. Now a perfectly opaque leucoma, if it covers nearly the whole of the pupil, leaving a very small part even of the cornea over it, in a normal condition, scarcely affects direct vision, since the leucoma merely reduces the pupil in size; which circumstance, as we can see by looking through a minute aperture in a card, is of comparatively little importance. If a perfectly opaque but minute leucoma is situated over the centre of the pupil, leaving an annular portion of it open to the rays of light, or if it lies in the form of a long, narrow cicatrix over the centre of the cornea, leaving a small section of the pupil clear each side of it, vision still remains almost wholly unaffected.

We can convince ourselves of the truth of these latter statements by holding a minute disk of black paper, much smaller than the pupil, over the centre of the cornea and *as near to it as possible*, when it will be observed that the disk disappears, while vision is not obscured. The same will be the result if a small black probe be held horizontally or perpendicularly in the same manner before the centre of the pupil. A double pupil, either congenital or accidental, is scarcely detrimental to distinct vision, when the eye is, in other respects, normal, since rays of

light from each point in an object pass through both pupils, and are united at the *same* corresponding point of the macula lutea.

The foregoing remarks, it must be remembered, hold true in cases only in which the obscurations shading portions of the pupil are absolutely opaque. When such obscurations are only semi-transparent, the eye is in a far worse condition. In this case, some of the rays pass through the transparent portion of the cornea, and would form a distinct image of an object placed in front of the eye if all other rays were excluded; but other rays fall upon the nebulous portion of the cornea, which thus becomes luminous, remitting from every point light, which is diffused in all directions in the eye, destroying the outline of the image of the object pictured upon the retina. The effects of this diffused light upon vision may be easily illustrated by a simple experiment. If a small, round aperture be made in the shutter of a darkened room, a bright disk of light, if the sun's rays be favorable, will be formed upon a screen behind the aperture. It is well known that inverted images of objects held in front of the aperture in the shutter will be formed within this disk. Now, if a piece of well ground glass be placed over half of the opening, leaving the other half free, the *room* will be lighter than before, from the light thrown in every direction by the luminous glass, while the images in the disk will be less distinct. Translucent obscurations, which emit *diverging* rays of light and ulcerating portions of the cornea, still remaining quite transparent, which refract light in all directions through the humors of the eye, although they may be quite minute, cause great indistinctness of vision. They act like small lenses placed near the cornea. A small light placed near the eye, as is well known, may be much more dazzling than a larger and more brilliant one at a greater distance.

A simple experiment with one's own eye will also show very satisfactorily the effect of the various kinds of nebulæ situated in front of the pupil. We have already seen that a disk of black paper, much smaller than the pupil, placed over the centre of the cornea and nearly touching it, does not materially diminish vision. Exchange this disk of paper for one of thin glass, and it will be seen at once that the diffused light thus produced will

render vision almost impossible. For a similar reason, a patient with some forms of cataract is unable to endure a strong light, although it would naturally be supposed that the clouded lens, inasmuch as it excludes a portion of light which would normally enter the eye, would render it less sensitive to the influence of light. But the lens, not being sufficiently opaque to exclude *all* the rays of light, is only clouded, and consequently becomes an illuminating body, sending diffused light to every portion of the retina. From the fact that the lens is very near the retina, its power of producing photophobia is proportionally great. It is probably for a similar reason that the pupil is usually contracted in certain cases of cataract, when we might expect to find it dilated.

It may not be out of place to allude to the fact that diffused light, however prejudicial it may be to vision under the circumstances just mentioned, is often of great advantage in lighting obscure apartments. It is well known that much more light can be admitted through the decks of a vessel by means of a piece of ground glass than by a much larger transparent piece. A room, situated in a narrow and dark alley, is much better lighted by ground glass windows than by plates of ordinary glass, for the light in the latter case falling directly through the window, illuminates only the small portion of the floor upon which it falls obliquely from above, while the ground glass becomes luminous, diffusing in every direction.

Whenever it is in any case once discovered that diffused light is the chief cause of disturbed vision, we have a sure palliative remedy in the use of the simple apparatus of Prof. Donders. When we reflect how instinctively patients with diseases of the eye, either by the hand or by partially closing the eyes, endeavor as much as possible to exclude all disturbing light, it seems strange that such an apparatus was not long before more extensively applied in such diseases.

The principle upon which it acts is easily explained. The opaque plates before the eyes exclude all unnecessary light, while the minute apertures permit pencils of rays from an object to fall upon the transparent portion of the cornea only, which

pencils, of course, are brought to a focus upon the retina, forming a distinct image.

In preparing these spectacles, a few practical points should always be borne in mind. They should be fitted closely to the edges of the orbit in order to exclude all unnecessary light. The aperture should be as near the cornea as possible, and in front of the unclouded portion of the pupil. To do this, it is well that a cone-shaped tube should be fitted to the plate, in such a way that the apex, in which is the opening, should be a couple of lines from the eye. It sometimes requires a little practice on the part of the patient to keep the pupil exactly behind the aperture, but this difficulty is soon overcome. Inasmuch as these spectacles are heavy and somewhat peculiar in appearance, it is often convenient for the patient, who is able to walk the streets without assistance, to provide himself with the apparatus adapted to one eye, to be carried in the same manner as a common eye-glass. This only need be used in reading and examining minute objects.

In cases of albinismus and of mydriasis (dilated pupil), either idiopathic or produced by belladonna, when vision is disturbed by too much light entering the eye, the patient will find much benefit from the use of this apparatus.

The operation for artificial pupil would be advisable in numerous instances, in which, without this simple contrivance, it would be almost entirely unsuccessful, from the presence of a translucent obscuration over a portion of the new pupil.

The apparatus is so simple, experiments are so easily tried, and, under proper circumstances, so sure to be followed with success, that it is useless at present to refer to particular cases in which patients have been benefited by its use. Nothing can be more satisfactory to a physician than to see and hear a patient, who has long been unable to read and discern minute objects, express his gratitude on being furnished with so simple a means of recovering, to a great extent, his lost vision.

ARTICLE V.

A RECORD OF THE MORTALITY OF THE CITY OF AURORA, FROM JULY 1, 1858, TO JULY 1, 1859.

[Read before the Aurora Medical Association, and communicated for the *Chicago Medical Journal.*]

BY L. H. ANGELL, M. D.

During the past year I have been at some pains to keep a record of the deaths which have occurred within the city. Our town, now containing a population of eight thousand, should adopt some efficient system of registration of its mortality, which would certainly furnish statistics of great and increasing value for all future time.

As is shown by this record—which I believe, in most of its details, nearly correct—the past year with us has been one of small mortality, and will furnish some evidence to establish the reputation for salubrity of the valley of Fox river, particularly at this point. Located upon the banks of a river which furnishes sufficient water power for various mills and manufactories, it would not be surprising if malarious disease should prevail at certain seasons, to such extent as to enhance the mortality. But the river through the city limits having sufficient fall to run with considerable current has no interruption, except that occasioned by the dam. This, at the foot of Main street, leaves a small portion of the city above exposed to malaria usually generated by such cause. Aside from this there is hardly a locality within the city open to this objection. The site of the town upon either bluff being sufficiently elevated to afford facilities for drainage in the direction of the river, which has been judiciously effected where it was needed, there now exist few localities where water will be seen upon the surface, even after the most protracted rain. Prior to '56, a portion of Broadway, in the East Division, and a section just north of this, were particularly obnoxious,—the one for a collection of water and filth, and the other for being originally a broad slough; but now the former is occupied by blocks of brick buildings, and the latter by the machine and car shops of the C., B. and Q. R. R., and, of course, thoroughly renovated in every particular; so

there now seems to be no reason why we should be liable to zymotic diseases from other than general or meteorological causes. Located as we are, forty-three miles west of Chicago, in the midst of prairie, with ample and wide streets and parks, —the lungs of a town,—we should be, as *we are*, second to no other in our sanitary condition, which is fully demonstrated by the following record:

Whole number of deaths, from July 1, 1858, *July* 1, 1859,	57
Children under 5 years,	36
Between 5 and 10 "	2
" 10 " 20 "	2
" 20 " 30 "	4
" 30 " 40 "	5
" 40 " 50 "	5
" 50 " 70 "	2
" 80 " 90 "	1

Diseases of Children under 5 years.

Pneumonia,	11
Cholera Infantum,	2
Scarlatina,	3
Croup,	2
Congestion Lungs,	2
Convulsions,	3
Diptheria,	1
Diarrhœa,	1
Inflammation of Brain,	1
Stillborn,	1
Unknown,	9
	36

Diseases of those upwards of five years: phthisis pulmonalis, 5; typhoid fever, 2; and 1 each of the following causes—puerperal fever, ulceration and perforation of bowels, disease of heart, scirrhus of pancreas and duodenum, pneumonia, ascites, cancer uterus, congestion of brain, cholera morbus, psoas abscess, pericarditis, accident from burn, apoplexy, and old age.

It will be seen by this that our acute affections have been

generally amenable to treatment, and that the greatest mortality has occurred from pneumonia of children and infants. This affection has been quite prevalent, and I believe the cases have generally yielded to treatment when early resorted to, and before empirical remedies have had a too protracted trial, at the hands of a nurse or would-be-doctor. I will now mention another feature which this record contains which is not without interest to the profession, in estimating the curability of our affections. Of these fifty-seven (57) fatal cases, fifteen (15) occurred in the hands of regular physicians, and thirty-five (35) were patients of irregular practitioners, including the different "pathies," eclectics and advertising doctors, who practise among us. Of the fifteen (15), more than half of this number were of incurable chronic diseases, and a portion of the remainder were subjected to irregular treatment until moribund.

It is somewhat singular that twenty-seven (27) of these fatal cases should have been patients of an empiric who boasted publicly of "not ringing the bells over his patients," while the nine members of this association who are devoting their entire attention to the practice of the profession, should have, in the same time and within the same city limits, but fifteen (15) fatal cases.

In the name of "*little children,*" who should "ring bells over their patients?"

AURORA, July 4, 1859.

ARTICLE VI.

OPERATION FOR TUMOR OF THE THROAT, AND ON THE USE OF SCISSORS WHICH CRUSH THE TISSUES IN OPERATIONS FOR THE REMOVAL OF TUMORS, ETC.

BY DANIEL BRAINARD, M.D., PROF. OF SURGERY IN RUSH MED. COLLEGE, CHICAGO.

Every surgeon accustomed to remove large tumors must have found the advantage, indeed the necessity at times, of resorting to laceration of the tissues with the finger, instead of dividing them out with the knife. The benefits derived from the adoption of this course are greater rapidity, diminished hemorrhage, and

consequently greater safety. Many tumors have been successfully removed in this way, which otherwise would have been beyond the reach of surgery.

M. Chassaignac, by his instrument called *ecraseur liniere*, has rendered possible the application of the process of laceration to a class of cases in which it had before been impossible; and in operations such as those for polypi, hemorrhoidal, vascular and pediculated tumors of large size, nothing more perfect than his instrument seems desirable. But in many cases to which M. Chassaignac has applied it, such as cancer of the rectum, of the female breast, etc., and in others still in which its application is impossible, such as deep-seated tumors and certain forms of nasal polypi, it has seemed to me that an instrument acting upon the same principle, and capable of being more readily applied, might have advantages over it.

I accordingly have had constructed a forceps somewhat similar to the bone scissors of Liston, with which, pieces of tissue, no matter how firm (if not bony) or deeply situated, can be readily seized and crushed, so as to save time and avoid the danger of hemorrhage.

The figure of this instrument, half size, is given below. It is likely that a skilful instrument maker could improve upon the form of it; the principle is what I desire particularly to call the attention of surgeons to.

That division by a blunt instrument has, in some cases, advantages over incision is well known, but these advantages are as yet not fully appreciated. Pain having been annulled by the use of chloroform, it only remains to avoid bleeding, the shock

of operations, and absorption of pus and other deleterious fluids, and many terrible operations will be shorn of their terrors. It is believed that a more general application of the crushing process will tend materially to this end. It is with this hope that this instrument is submitted to the profession.

The first case in which it was used was that of Joseph Brown, from Wisconsin, operated June 2, 1859. The subject was a healthy man, 31 years of age, having a tumor of the size of an orange filling up the back part of the mouth. He stated that this had existed for twenty years, but was of small size until within the last two years, during which time it has grown rapidly, and at present interferes materially with deglutition and respiration.

On looking into the mouth, the whole of the back part is found filled with this growth, which extends from the right to the left side, and from the middle of the roof of the mouth to the base of the tongue. The surface is of a deep red color; form lobulated; to the touch, elastic, but not fluctuating. Has never been painful. On puncture with an exploring needle, bleeds freely. This growth, according to the recollections of the patient, seemed to have originated in the veil of the palate, a little nearer to the left than to the right side.

On attempting to dissect it out, the bleeding from a small incision was so free as to give much trouble, and even render the propriety of attempting it doubtful. It was then that the crushing forceps were resorted to. The tissue of the roof of the mouth being raised in successive portions, by passing under each an aneurismal needle sharpened, these were crushed and divided without the occurrence of any troublesome hemorrhage. The same process was then used at the sides. After the connections had been in a measure loosened, a large-sized curved needle, armed with a strong ligature, was passed through it. This enabled me to draw it forward so that the remaining attachments could be partly divided with the finger. The process of separation was completed with the crushing forceps. The posterior layer of the veil of the palate was now divided. This contracted, and at the end of three days the uvula, which had been depressed

beyond the reach of the finger, appeared in near its natural position.

The tumor, on cutting through it, presented the appearance of what is called *adenoid* by Velpeau, in his work on the diseases of the female breast. It was firm, uniform throughout in appearance, except at one point where there was a small cavity containing reddish serum. It was surrounded on all sides by a firm fibrous covering, which also extended between the different divisions. This, and the length of time during which the tumor had existed, make me believe that it is not malignant.

Its removal would have been very difficult without the forceps, as the knife allowed too much bleeding and the *ecraseur* could scarcely be applied.

No accident occurred, and the patient was able to return home at the end of two weeks, with the wound nearly cicatrized.

PROCEEDINGS OF MEDICAL SOCIETIES.

EXTRACTS FROM THE RECORDS OF THE CHICAGO ACADEMY OF MEDICAL SCIENCES.

S. C. BLAKE, M. D., *Secretary.*

May 6th, 1859.

* * * * * * *

Dr. L. P. Cheney was duly elected a fellow of the Academy.

Dr. Orrin Smith read an interesting paper on the pathology and treatment of croup. Dr. S. believes croup to be an ordinary inflammation, deriving its alarming and fatal character from the locality of the lesion; hence, the treatment should be antiphlogistic. He depends with great confidence upon antimony, mercury and veratrum viride; and his success, during a long series of years of extensive and varied practice, has been such that he no longer looks upon this terror of physician and parent as necessarily alarming, providing the physician is called in time to procure the specific effects of the remedies before a fatal termination.

Prof. J. H. Rauch presented the Academy with a valuable donation of specimens of the indigenous medicinal plants of the North-west.

Dr. E. L. Holmes read a very interesting paper on a new method of aiding vision in cases of opacity of the cornea.

Drs. Ross, Bloodgood and Cheney were appointed a committee to report to the Academy a new fee bill.

June 6th, 1859.

* * * * * * *

Dr. V. L. Hurlbut reported an interesting case of puerperal convulsions, which resulted in recovery.

Patient aged 21. When two months advanced in her first pregnancy, she was violently threatened with premature labor. At this time had some hemorrhage, but was relieved by the following prescription:

℞ Viburen,
Scutellarin,
Caudophyllin, aa. gr. viij.
Gelsemin, gr. iv., ft. pil. No. xvj.

Take two pills every one or two hours till relieved.

Dr. H. would call the attention of the profession to the active principles of vegetable medicines, especially the above articles, in whose power to relieve pain and allay nervous irritability, a long experience with them has given him great confidence.

When patient was seven months advanced in pregnancy, March 18th, Dr. H. was called, and found her suffering from severe uterine pains, which were quite regular; os uteri dilated, so as to readily admit the end of the index finger. Ordered the above prescription, and in one hour and a half patient was entirely relieved from pain.

March 20th. Found patient suffering from slight pain in top of head; had rested well the night previous; pulse 85; tongue with brown coat; bowels constipated, having had no dejection for one week. Ordered an enema to be given immediately.

In about an hour and a half from the last visit, in the absence of Dr. H. his father was called and found patient just recovering from a convulsion, with retching and vomiting; pulse small and

quick; dark coating on tongue; head hot; feet inclined to be cold. Ordered calomel gr. i., to alloy vomiting, and in half an hour gave the following:

℞ Calomel, gr. xv.
Sodæ sub. carb., gr. viij.

with drafts to feet and cold applications to head.

Dr. H. returned in half an hour and found patient had vomited medicine. Stomach irritable and unable to retain anything. Ordered an enema, which was followed by a large, dark colored and very offensive dejection.

Convulsions continued for thirteen hours to the number of twenty, coma and stertorous breathing filling up the intervals.

After long continued and careful manipulation by Dr. H., senior, the os uteri was sufficiently dilated to deliver.

Prof. Wm. H. Byford was called in consultation. At this time pains had entirely ceased; pulse 216.

Prof. B. proceeded to extract with the crotchet, after having made an unsuccessful attempt to deliver with the forceps.

Patient slowly recovered, having no convulsions after delivery.

Dr. J. N. Graham read a very interesting paper on medicinal inhalation in the treatment of chronic diseases of the throat and lungs. Dr. G. reported several cases of bronchitis and phthisis in its different stages, in the treatment of which he had been able to afford his patients great benefit. In many cases of the former disease he had succeeded in effecting a cure, and in the latter of alleviating much suffering, and of prolonging the life of his patients. Dr. G. uses principally iodine, iodide of potassium, cyanuret of potassium and hydrocyanic acid. He uses with the remedies tincture conium and chloroform, to allay irritation.

Dr. Ingals thought inhalations very good in cases of phthisis, but he believed the inhalation of pure air, accompanied with moderate exercise, if not the only remedy from which to expect benefit, very much the most important. Dr. I. would recommend to a patient with phthisis to purchase a horse and saddle and make a trip to Texas for a drove of cattle.

July 4th, 1859.

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Dr. E. Ingals read a very interesting and able report of the

reduction of a luxation of the head of the humerus of six weeks' standing. The operation resulted in an entire success; the joint and muscles in its vicinity being restored to their normal condition in two months, with the exception of slight atrophy of the deltoid.

Dr. Ingals thought all such cases as the above should be reported, that the profession may have some data from which to decide at what length of time from the dislocation such reduction may with safety be undertaken.

MEDICAL SOCIETY IN NORTHERN IOWA.

MEDICAL CONVENTION.

Pursuant to a previous call, a large number of the medical practitioners of this and adjoining towns assembled at Jones & Bass' Hall in this city at 1 o'clock p. m., and proceeded to organize a Medical Society.

Amos Warner, of Elkader, was appointed chairman of the meeting, and H. C. Martin appointed Secretary.

Dr. Warner briefly stated the objects of the meeting to be the formation of a society of physicians, thereby securing unanimity of action among practising physicians, and the advancement of true medical science, in this portion of Iowa.

On motion, Dr. Scott, F. Andros and John Low were appointed a committee to examine credentials. This committee soon reported that they had examined as required and found the credentials of Amos Warner, H. C. Martin, A. Blanchard, J. T. H. Scott, F. Andros, John Low, Horace Hamilton, William Hyde and P. G. Parker satisfactory, and entitled to a seat in this body. The report of the committee was received and the committee discharged.

F. Andros, John Low and A. Blanchard were appointed a committee to draft a Constitution and By-Laws.

F. Andros, J. T. H. Scott and John Low were appointed a committee to report a Fee Bill.

On motion of Dr. Andros, Wm. Hoffbauer, of Guttenberg, was admitted to a seat in this convention.

The committee on Constitution and By-Laws handed in their report, which was accepted and the committee discharged. The different Articles of the Constitution were then read by the Secretary,—taken up separately, discussed and adopted, with little alteration of the draft as recommended by the committee.

By Art. 1 of the Constitution, as reported by the committee, the society shall be known by the name of "The North Iowa Medical Society."

The officers required by the Constitution are a President, Vice-President, Secretary, Treasurer and three Censors, to be elected annually by ballot. After the adoption of the Constitution by the convention, it proceeded to the election of permanent officers, with the following result: F. Andros, President; Amos Warner, Vice-President; H. C. Martin, Secretary; Wm. Hoffbauer, Treasurer; J. T. H. Scott, A. Blanchard and P. G. Parker, Censors.

Dr. Andros, on being installed into the office of President of the society, made a few appropriate remarks alluding to the importance of the enterprise, and expressing a great interest in the welfare of this society.

The report of the committee on Fee Bill was accepted and the committee discharged.

Article 19th of the By-Laws elicited a warm discussion, but the Article was finally adopted by an almost unanimous vote. The following is the Article:

The members of this society shall refuse to counsel with any irregular practitioner and all such physicians as shall refuse, after a reasonable time, to recognize the code of this, and be governed by the Fee Bill adopted by this society.

This article was adopted in consideration of the vast number of empirics who, by their disreputable practice, not only injure their patients but destroy the confidence that should exist between the public and the educated physicians.

Four meetings are to be held annually; the anniversary meeting to be held the first Wednesday in June of each year, quarterly meetings to be held the first Wednesdays of September, December and April.

John Low and A. Blanchard were appointed by the President

to read papers on some medical subject or subjects at the next meeting.

Some other general business was transacted, when, on motion of Dr. Parker, the society adjourned, to meet at Garnavillo on the first Wednesday of September next.

F. ANDROS, *President.*

H. C. MARTIN, *Secretary.*

EXTRACTS.

CLINICAL REPORT ON PNEUMONIA.

Dr. Austin Flint has published (*Buffalo Medical Journal*, May, 1859) an interesting clinical report on cases of pneumonia, observed by him at the New Orleans Charity Hospital, 1858 and 1859.

We subjoin his conclusions and remarks.

Of the fifteen cases, in all the pneumonia was limited to a single lobe. In one instance two lobes were successively attacked (cases 3 and 4), recovery from the first attack having taken place before the second occurred. This was probably true in another instance (case 9.) The lower lobe was the seat of the disease in all save two cases. In one of these (case 4), they had been previously affected, and this was probably true of the other instance (case 9).

Of the thirteen cases in which the lower lobe was affected, the disease was seated in the right side in seven, and in the left side in six.

The pneumonia was primary in twelve of the fifteen cases. Of the three instances in which it was developed secondary, it occurred as a complication of typhoid fever in two, and as an intercurrent affection in pulmonary tubercolosis in one instance.

In the twelve primary cases, the disease was uncomplicated in all but three instances. Delirium tremens was developed as a complication in ten cases; and in one instance, pleuritis with considerable liquid effusion coexisted. More or less pleuritis is almost uniformly present in cases of pneumonia, but it is certainly rare for the plueritis, under these circumstances, to be attended by much effusion.

The ages of the patients varied between 20 and 45, the mean age being about 30. In nearly every instance the patients were

robust and in good health when attacked with the disease. Several were intemperate, and several were subject to attacks of intermittent fever.

Exclusive of three cases remaining in hospital at the end of my term of service (two of these remaining with other affections), and of the case which ended fatally the length of stay in hospital varied from six to twenty-two days; the mean period being a fraction over thirteen days.

A fatal result occurred in one case only. In this case, as already stated, the patient had been discharged a few days before, convalescent from an attack of pneumonia affecting the lower lobe of the right lung. He resumed his habits of intemperance directly he was discharged, and was seized a second time with pneumonia, now affecting the upper lobe of the left lung. He walked to the hospital, a distance of three miles, after being attacked, and died by asthenia, fifteen hours after his admission, without coming under my observation.

Convalescence was rapid in all instances, save one in which the pneumonia occurred as a complication of typhoid fever. Exclusive of this instance, the resolution of the affected lung, as shown by the disappearance of the physical signs denoting solidification, was rapid. The resolution was in all instances complete, slight relative dulness on percussion only remaining, which, as is well known, persists for some time after recovery from pneumonia. In all instances the symptoms of the disease, viz., cough, expectoration, etc., completely disappeared. In no instance were the patients left enfeebled, but at the time of discharge they all reported themselves able to return to their avocations, and the majority were day laborers.

The treatment pursued in these cases, as the reader has doubtless remarked, was not complex. The sulphate of quinia was given in tolerably full doses, in the cases in which intermittent fever had previously existed. This remedy was not prescribed with special reference to the pneumonia, but in order to forestall the development of intermittent fever as a complication. Quinia has been extolled as a valuable remedy in pneumonia, irrespective of the liability of the disease to become complicated with intermittent fever if the patient reside in a malarious section, and, especially, if he has been subject to attacks of the latter affection. However this may be, it is certain that the remedy, given in full doses, does not exert an unfavorable influence on the progress of the pneumonia. It is not contra-indicated by this affection. To prevent the development of intermittent fever, and if developed, to arrest the paroxysms as speedily as possible, are important objects of treatment in certain cases of

the disease under consideration. The combination of the two affections often places the patient in imminent danger, when with either affection, singly, his condition would not be serious. Happily, under these circumstances, we possess a special remedy by which we may expect to control one of the affections. This, then, is the leading indication, and the life of the patient may depend on its being promptly and effectively fulfilled. The practitioner who gives precedence to indications derived from the pneumonia, under these circumstances, or who so divides his attention as to fulfil incompletely the leading indication, commits an error which may be fatal to the patient. As a rule, it is well to recognize, at the commencement, a liability to this complication, and to forestall its occurrence, especially when the protective remedy, to say the least, does not interfere with the favorable progress of the pneumonia.

Opium entered more or less into the treatment of these cases. My observations have led me to regard this as a valuable remedy in pneumonia. As a palliative of pain, it fulfils an important indication; for pain, in addition to the suffering which it occassions, determines an afflux of blood to the painful part. This fact is illustrated in neuralgia affecting the supra-obital nerve. During the paroxysm of pain, the eye becomes injected, and the redness rapidly disappears after the pain has been relieved by an opiate. But there is reason to believe that opium exerts a salutary effect beyond the relief of pain. I have repeatedly noted marked diminution in the frequency of the pulse and respirations, in cases of pneumonia, a few hours after the patient had taken full doses of opium. It appears to lessen the perturbatory effects in the economy of the local inflammation, if, indeed, it does not diminish the intensity of the inflammatory action. Some practitioners are deterred from the use of this remedy in pneumonia, by the idea that it interferes with the removal, by expectoration, of the exuded products of inflammation. But how often do we observe the rapid disappearance of the solidification in pneumonia, with slight expectoration, or none whatever! The intra-vesicular exudation is, for the most part, absorbed, not expectorated, a fact not strange when the structure of the cells, and the facility of endosmosis in this situation are considered. Interference with expectoration, therefore if true with respect to the employment of opium in pneumonia, is not a valid objection. The merits of the remedy, however, in this application, must rest on clinical experience; and I cannot but think that this paper will be of some utility, should it serve to remove from the minds of some readers, groundless apprehensions with respect to the free use of opium in pneumonia.

Alcoholic stimulants were employed to a greater or less extent, in the treatment of these cases, and in all the cases the patients were placed on a nutritious diet. The abstract notion that stimulants and sustaining food are inconsistant with the treatment due to local inflammation, is a remnant of Broussaism which still exerts considerable influence on medical practice. It suffices to destroy this notion, to bear in mind the significant injunction of Chomel, viz., *not to treat diseases, but to treat patients affected with disease.* With regard to stimulants, it may be stated, as a rule, that they are indicated in cases of local inflammation, whenever the patient in health is addicted to their use. They cannot with safety be withheld, under these circumstances, if the local inflammation involve, from its seat or intensity, danger to life. But without reference to previous habits, the use of stimulants in the treatment of pneumonia, and of other local inflammations, is important in proportion as it becomes an indication to support the powers of the system. It is, perhaps, an error in medical practice as common and as serious as any, to overlook or depreciate this indication in the management of local diseases. Practically, the existence of this indication and its urgency, in individual cases, may be brought clearly and forcibly before the mind by proposing at the bedside the following questions: Is the patient in danger of death? If death occur, will it take place by asthenia? How imminent is the danger of death by asthenia? Whenever, in the management of disease, the physician has reason to fear that he may lose his patient by asthenia, and in proportion to the tendency to a fatal result by that mode of dying, alcholic stimulants, as a rule, form an important part of the measures indicated, on the same ground that they enter into the treatment of fevers. And this remark applies equally to nutritious diet, viz., the animal essences, etc. Cases of pneumonia occur in which patients are to be saved by pursuing, boldly and perseveringly, the supporting treatment precisely as in cases of low typhus or typhoid fever. And the indications of this plan of treatment may be present early, as well as late in the progress of the disease. The union of delirium tremens, with pneumonia, for example, often places the patient in imminent danger of death by asthenia. The free use of stimulants and concentrated nutriment, is requisite to carry him safely through the perils of this combination. Two of the cases included in the present collection (Nos. 13 and 14) illustrate this remark.

But even when the danger to life is not great, it is an object to support the system with a view to a speedy and rapid resolution of the inflammation. Alcoholic stimulants may not be

required for this object, but it will be promoted by a nutritious diet. The fear of feeding the disease by feeding the patient, is a vulgar notion not warranted by clinical observation. I do not hesitate to allow patients to take food as nutritious in quality and as freely as they desire. The late Dr. Graves was so impressed with the importance of supplying the system with nourishment in febrile diseases, that he desired to be placed as an epitaph on his tomb, "he fed fevers!" He might have extended the circle of diseases in which feeding is important. It is hardly less important, in some instances, speaking metaphorically, to feed pneumonias, than to feed fevers, and, indeed, feeding, as an essential element of supporting treatment, is important in any disease when it is an indication to obviate the tendency to death by asthenia.

With regard to the time when an active supporting plan of treatment (stimulants and concentrated nutriment) is indicated, and the extent to which it is to be carried, I will make but a single additional remark. If there be room for doubt on these points, it is better to err by commencing too soon, and pushing it too far, than by delay and insufficiency; for while it is easy to discontinue or diminish supporting measures before much, if any, actual harm is done, time which has been lost cannot be recovered.

Quinia, opium, alcoholic stimulants and nutritious diet, constituted the treatment in the cases embraced in this report. The grounds for the non-employment of certain therapeutical measures, in these cases, are now to be considered. Blood-letting, general and local, tartar emetic, the veratrum viride, mercury, cathartics, blisters, and other modes of counter-irritation are employed, to a greater or less extent, in the treatment of pneumonia. None of these remedies, however, entered into the treatment of these cases. This fact, without explanation, might lead to erroneous inferences as regards the views of the writer.

Blood-letting in pneumonia has, of late, been much discussed. I have contributed my mite towards this discussion,* and do not propose to enter upon it in this paper. I will simply remark, that, in my opinion, it is an error to assume blood-letting to be never useful in pneumonia, albeit it is a far greater error to advocate the indiscriminate employment of this spoliative measure in that affection. The propriety of blood-letting, however, is rarely a question in hospital cases of pneumonia. In the great majority of instances when patients are admitted into an hospital, the disease has advanced to the second stage; one or more lobes

* Report on Blood letting in Pneumonia, *Buffalo Medical Journal*, vol. xi. 1856. Page 288.

are solidified, and, under these circumstances, the abstraction of blood will, in general, only tend to retard resolution. Had these cases been under observation from the commencement of the disease, it is possible that blood-letting might have been indicated in some instances, not with a view to arrest the inflammatory action, nor to limit its extent, nor to lessen the amount of exuded products; but to diminish the intensity of symptomatic febrile movement, relieving the heart of over-accumulation of blood in its cavities, and consequent over-tasking of its powers. With this limited view of blood-letting, making due allowance for its evils, it is indicated in only a small proportion even of the cases of pneumonia which come under observation at the onset of the disease.

The tartar emetic and veratrum viride undoubtedly control, in a marked degree, the frequency of the heart's action, and, so far, diminish, for the time, symptomatic febrile movement. It remains, however, to be determined, to what extent this effect is important with reference to the inflammatory process and resolution. We can at this day understand how Laennec was deceived in attributing the rapid removal of the exudation in pneumonia to the influence of tartar emetic; for it had not then been observed, as it has been since his day, that the exudation disappears, in some instances, quite as rapidly without any treatment. These cardiac sedatives, if useful when the symptomatic febrile movement is intense, are certainly not indicated when the action of the heart is but slightly or moderately increased, as in a pretty large proportion of the cases of pneumonia in which the affection is limited to a single lobe, especially after exudation has taken place.

The action of mercury has been considered as useful in two ways in pneumonia, viz., limiting the amount of exudation and promoting its absorption. With reference to the first of these supposed effects, the exudation in pneumonia generally takes place, to its fullest extent, before mercurialization can be produced. With reference to the second effect, the exudation is absorbed, in favorable cases, quite rapidly without mercurialization. Without, therefore, presuming to deny altogether the so-called anti-plastic and the sorbefacient powers of mercury, I believe that it is a remedy generally uncalled for in the treatment of pneumonia. The occurrence of salivation at the time of convalescence, is, to say the least, an inconvenience which, if not necessary, it is desirable to avoid. Having for many years relinquished the use of this remedy with reference to its special or constitutional effects in treating this disease, I am satisfied that it may with safety and advantage be dispensed with.

Cathartics, as a means of depletion during the early stage of pneumonia, may be indicated. If adequate to fulfil the object of depletion, they are certainly to be preferred to blood-letting, since they do not involve an expenditure of the organized constituents of the blood, and are therefore not spoliative. Except for this purpose, it may fairly be doubted whether they are called for in pneumonia. They conflict with supporting measures when these are indicated. That they are not important with reference to the absorption of the exudation, is sufficiently illustrated by the cases reported in this paper. In one of the cases (No. 15) considerable liquid effusion, together with the solidifying deposit, disappeared in a few days, although, inadvertently, the bowels had been permitted to remain constipated for a week.

Blisters and other modes of active counter-irritation, when employed in pneumonia, are, of course, considered as acting usefully by way of revulsion. I suppose that no judicious physician attributes to them this action during the first stage of the disease. To employ them in this stage is to add a certain amount of cutaneous inflammation to the existing pulmonary inflammation. After solidification has taken place, all the results to which the inflammation may be expected to give rise, have already occurred. Revulsion, then, where it is attainable, ceases to be an indication. Is it imagined that a traumatic inflammation of the skin diminishes the afflux of blood to the affected lung? But the affected lung in the second stage of pneumonia is already anæmic! The inconvenience occasioned by blisters to the patient is considerable; they are also a source of inconvenience to the practitioner, by interfering with the daily examinations of the chest in order to determine the physical condition of the affected lung. These remarks, of course, do not apply to mild revulsive applications, such as sinapisms, and to fomentations which doubtless possess a certain value in the treatment of pneumonia.

The several therapeutical measures, thus, which have been enumerated, as not entering into the treatment of the cases of pneumonia now reported, were not employed, because, with reference to some of them, the disease did not come under observation sufficiently early to find the indications for their use, or, the indications existing in a certain proportion of cases only, they did not happen to be present in these cases; and with reference to other of the measures mentioned, their value and propriety in the disease under consideration are, to say the least, doubtful. As the modern conservative surgeon rejects the doctrine contained in the old aphorism, *melius anceps remedium*

quam nullum; so the conservative physician should refuse to resort to remedies which are either unnecessary or of questionable utility, except in the cases in which a deviation from this rule is warranted for experimental observation. I cannot but think that the practice of medicine would gain much if practitioners, instead of deliberating at the bedside as to whether this or that potent remedy is called for, were oftener in the habit of propounding to themselves this inquiry: Are there present any clear indications for interference?

The last remark suggests a point of fundamental importance in the treatment of this, as well as other acute diseases, viz., its intrinsic tendency as regards termination. Does pneumonia, in itself, tend to destroy life? We might answer this question by citing the results as reported by different practitioners, the disease being treated by different and sometimes quite opposite measures. But the clinical study of the disease uninfluenced by medication, pursued of late years on an extended scale, enables us to answer the question more directly. The results reported by Dr. Dietl, and others, in which, in a large number of cases, no active remedies were employed, show that pneumonia, limited to a single lobe, and uncomplicated, ends in recovery in the vast majority of instances. This statement is, of course, exclusive of the epidemic forms of the disease; but it is probable that the fatality of epidemic pneumonia depends generally on some important complication, or associated affection. A series of cases of sporadic, uncomplicated pneumonia, therefore, ending favorably, under a certain plan of treatment, does not afford adequate evidence that the success was due to the treatment. It would be a fairer conclusion to impute the success to the intrinsic tendency of the disease to recovery. On the other hand, a series of cases in which the fatal cases were not few, would justify, at least, a suspicion that the want of success might be due to the treatment. It would, however, be an error to suppose that because pneumonia, under favorable hygienic circumstances, generally ends in recovery without medicinal treatment, that medication is consequently never called for. Better far, indeed, no treatment than injudicious interference; but judicious treatment may nevertheless save some lives which would be lost under the expectant plan. Moreover, there are objects of treatment in disease, in addition to recovery. Relief of distressing symptoms during the progress of disease; a cure *cito et jucunde* as well as sure; a convalescence rapid, and a recovery complete, leaving the powers of the body not permanently impaired—these are important ends to be kept in view in medical practice. The natural history of a disease, and its

intrinsic tendency to life or death, constitute the true point of departure for the study of therapeutics in relation to that disease; but medical art should not be content with being able to state the chances of recovery, even when the chances are vastly in favor of this termination.—*American Journal of the Medical Sciences.*

RETROSPECT ON THE USE OF RAW MEAT IN THE DIARRHŒA OF WEANED CHILDREN.

BY DR. J. F. WEISSE, DIRECTOR OF THE CHILDREN'S HOSPITAL AT ST. PETERSBURGH.

Seventeen years have now elapsed since I first directed the attention of the profession to this invaluable remedy in the above disease;* but it was not until I had five years later treated of the subject at greater length,† that it came into more general use. Soon after the publication of the latter paper, I received from the esteemed editor of the Journal just now quoted, Dr. Behrend, of Berlin, a letter containing the following passage: "You have no idea what interest your communication on diarrhœa ablactatorum and on the use of raw meat has excited; we now use the remedy extensively."

Not long after, Dr. Behrend inserted in the sixth volume of his Journal a letter of M. Marotte, Physician of the Central Bureau of the Parisian Hospitals, from which it appeared that this subject had attracted great attention also in the French metropolis. The author of this letter, which is addressed to Dr. Trousseau, has moreover had the kindness to suggest a theory explanatory of the results I have obtained. From this time the meat cure was generally received, and its utility admitted on all sides. Of the numerous favorable reports recently published, I cannot forbear literally transcribing that contributed by Dr. Eichelberg, because the author has given to the subject the appreciation it deserves. He says: "In consequence of the shortness of the time which has elapsed since this article of diet was first recommended, I have, it is true, only a limited number of observations (somewhat more than twenty) before me, but they all corroborate the remarkable advantages of the plan proposed. It is only in exceptional instances that such children refuse raw meat—the great majority, in fact, consume it with manifest relish. I have observed two very striking cases where

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* Oppenheim's Journal f. d. gesammte Medizin, Bd. xiii. page 393. Hamburgh, 1840.

† Journal f. Kinderkrankheiten, Bd. iv. pp. 99–104. Berlin, 1845.

the children for several weeks readily partook of this food with the most beneficial results, and at the end of that time suddenly refused it. Natural instinct seems in such examples to be unmistakable, as in the case of sick dogs, which eat grass. The want of osmazome made the children greedily consume the raw meat, but, with the cessation of the want, the desire for that principle disappeared."*

As Herr Eichelberg, moreover, has expressly indicated the diarrhœa which sets in soon after the weaning of children (according to my observations usually in two or three weeks after that event), as the affection in which the raw meat cure is attended with certain success, so I have also, in recommending this mode of treatment, confined myself to the same disease; and now, after nearly twenty years' experience, maintain, that raw, scraped beef, to the exclusion of all other medication, is a true specific in this destructive diarrhœa. I therefore consider a remark made by Charles Hogg, in recommending the well-known "beef-tea" of the English, to be quite erroneous. Thus he says: "Beef-tea is an excellent, nourishing, and easily digestible article of food, and completely replaces the juice of meat recommended by Weisse, of St. Petersburgh, obtained by scraping raw flesh."† I have in raw beef discovered, not an article of food for children, but a remedy against the diarrhœa in question; nor have I spoken of the juice to be obtained by scraping meat, but the muscular substance itself must be given to the children, having, however, previously been sufficiently comminuted, either by scraping with a knife, or by means of a grater, in order that it may be swallowed without trouble. But the principal point is, that the muscular substance itself, and not merely its juice, should be conveyed into the digestive tube. The English beef-tea has as little beneficial effect on diarrhœa ablactatorum as Liebig's excellent decoction of meat. Both these fluid aliments appear, precisely because they are fluid, to pass too quickly through the intestinal canal; while the meat in substance remains longer in the tube, and by its mechanical irritation may stimulate digestion, and it may, perhaps, also neutralize the acidity of the gastric juice. Nor can I participate in Dr. Beer's sanguine hope that raw grated beef may be destined one day to dislodge cod-liver oil from the Materia Medica.‡ Each of these excellent remedies has its definite sphere of medical action in the diseases of children; raw beef in the diarrhœa

* Journal f. Kinderkrankheiten, Bd. iv. pp. 99–104. Berlin, 1845.

† Journal f. Kinderkrankheiten, Bd. xiv. p. 118, in the notice of Hogg's treatise "On the Management of Infancy," etc.

‡ Journal f. Kinderkrankheiten, Bd. xiv. p. 238.

ablactatorum, cod-liver oil in rachitic affections, with and without atrophy.

In St. Petersburgh, the meat cure in the affection of children under consideration has become, so to speak, completely naturalized; and this has taken place rather through oral communication, and in consequence of the favorable results of the treatment, than from any paper or essay, as I have never published anything in that capital upon the subject. Most of my colleagues have now for several years made use of it, and they all assure me that they have obtained very satisfactory results, even in cases where the employment of other established remedies appeared to hold out no hope of cure. I have myself seen this treatment adopted in about two hundred children, and, in the majority, with the desired effect, provided recourse was had to it at the proper time. I say at the proper time, for if the disease has already advanced too far, and, particularly, if it has assumed the form of the so-called gastro-malaria, it is only in exceptional instances that we shall obtain a cure. But even in this case there is no other remedy so calculated to allay the most tormenting symptoms, the tantalizing thirst, and the vomiting, as the raw beef. This beneficial effect is produced even after a raw meal.

But it has recently been stated, as I have already publicly remarked,* that in many children saved by the meat cure, tape-worm, and it is worthy of note, always the tænia solium, that is precisely the species which is not indigenous in St. Petersburgh, has shown itself. A Dr. Braun† has felt himself called upon to question this statement; two years later, however, an undoubted authority on this subject appeared in favor of the facts reported by me. Professor D. Von Siebold of Munich, says, in the last page of his interesting work, "Ueber die Band und Blasenwuemer," Leipsic, 1854: "We can no longer be surprised, or consider their statements fabulous, when physicians report that tape-worms have been found in certain patients after the use of raw meat prescribed as a remedy;" and in the note upon this passage, he adds: "Compare on this subject Weisse's communications, which, notwithstanding Braun's objections, are worthy of all credit." Herr Von Siebold directs particular attention to the fact that in every instance it was the tænia solium which was passed; and he considers it probable that this species of tape-worm, which is not indigenous in St. Petersburgh, may have been conveyed thither

* Journal f. Kinderkrankheiten, Bd. xvi. p. 384. 1851.

† Ibid., Bd. xviii. p. 78, 1852; and in Froriep's Togesberichten. 1852.

in the undeveloped state in the flesh of oxen, brought from Tscherkask and Podolia.

Only a few weeks before my departure from St. Petersburgh, in June of the present year, a tape-worm, more than four feet long, was sent to me by a colleague, to whom I had warmly recommended the meat cure in the case of a child, aged eighteen months, who had suffered from the diarrhœa in question, and was already very much run down, which worm was passed after the use of the ethereal oil of male fern. This remedy was administered in consequence of the child, who had long ceased to get the raw meat, and was cured of the diarrhœa, having repeatedly passed joints of tape-worm. The attendant physician had already correctly diagnosed the worm to be the tænia solium; I found that it was voided with the head, on which the suckers were plainly distinguishable under the microscope.

I should not omit to state, that in the Children's Hospital under my care, in the diarrhœas of older children, into which the element of dentition no longer enters, and which so largely contribute to fill the lists of mortality, raw meat has been repeatedly and unsuccessfully tried. These cases of diarrhœa generally depend upon ulcerations in the intestinal canal.

Lastly, I may be allowed to call the attention of the meeting to as palatable a remedy as raw beef, in the lientery of adults; I allude to oysters. In two cases, an amount of experience, which, I must admit, goes for nothing, I saw the patients cured by the moderate use of these mollusca. From eight to twelve oysters were taken daily in two meals.—*Dublin Quarterly Journal*, Feb., 1858, from *Journal fur Kinderkrankheiten*, Jan. and Feb., 1858.

EPILEPSY, IN WHICH CASTRATION WAS PERFORMED.

Mr. C. Holthouse read before the Royal Medical and Chirurgical Society (March 22, 1859) an account of a remarkable case of epilepsy, in which he castrated the patient, an operation which has excited much interest and comment abroad, and which we cannot but consider as indefensible. The author commenced his paper by citing ten cases of epilepsy, in which castration is said to have cured the disease. In the first case, the testicles were removed in consequence of disease of those organs. In the second case, one testicle was removed on account of an accident to the organ. Both patients were epileptic previous to the affection of the testicles; and their removal, though not done with the view of curing the epilepsy, inciden-

tally did so. These cases were related to Dr. M'Kinley, of Tennessee, U. S., by a Mr. M'Gavoc, of the British Navy, and are published in the *American Medical Gazette*, July, 1855, along with seven other cases in which castration was performed for the express purpose of curing epilepsy. Of these seven cases, two occurred in the practice of Dr. M'Kinley himself; two in the practice of Dr. Talbot, of Missouri; and one of that of Dr. Hacker, of Louisiana. The tenth case occurred in Germany, the operation having been performed by Holz, under the direction of Joseph Frank, and it is recorded in the *Praxeos Medicæ Universæ Precepta*, vol. ii. chap. 11. Mr. Holthouse stated that he brought his case before the notice of the society partly because the operation was not attended with the same favorable results as in the cases referred to, and partly for the purpose of removing the misapprehension which prevails in reference to it. The case of the patient, very nearly as taken by Mr. Ponsonby K. Adair, the house-surgeon of the Westminster Hospital, was then read; after which the author proceeded to state the grounds on which he was induced to operate in the following words: "Reasons which induced me to operate.—1. The patient's urgent request. 2. The simple and dangerless character of the operation. 3. The knowledge that epilepsy had been cured by castration. 4. The possibility, if not probability, that it might be in the present case. Lastly, I was further influenced by a consideration of the history of the case, which showed, first, that every remedy hitherto tried had failed; and, secondly, that there was a close connection between the origin and severity of the fits and the condition of the sexual organs. Whatever weight may be attached to the 2d, 3d, and 4th reasons, I confess I should not have felt myself justified in recommending a proceeding of which I had no personal experience, nor any knowledge of the individuals who had adopted it; but although these considerations would not have sufficed to make me recommend the operation, they had their influence in inducing me to consent to its performance. It will be obvious, then, that I was chiefly influenced by the wishes of the patient. The question, therefore, arises, how far may a patient's wishes as respects treatment be acceded to, and on what point must a physician or surgeon satisfy himself before acting on a patient's suggestion? The following seem to me to be essential: 1st, he must satisfy himself that the patient is of mature age; 2dly, that he is of sound mind, not the subject of hallucinations or a monomaniac; 3dly, that his proposition is not unreasonable; and lastly, that the remedy proposed is not a dangerous one. Now, the only points

on which I apprehend there can be any difference of opinion are—1st, as to the sanity of the patient; and 2dly, as to the reasonableness of the treatment adopted. I shall, therefore, address myself to these two points. And first, as to the sanity of the patient, it has been asserted by many that the mere fact of the man having had epilepsy for so long a period was presumptive evidence that his mind was unsound, and the pertinacity with which he begged to be castrated was considered a sufficient proof that this opinion was not unfounded. Mania, I was reminded, sometimes takes this form, and lunatics have been known to castrate themselves. Now, I am free to admit that if such a desire existed, or such a request were made on the part of any individual without adequate motive, there would be legitimate grounds for believing that he was insane, or at least, laboring under an insane delusion. But was there no adequate motive in the present case? What are the facts? The patient is walking in one of the streets of New York, when he is stopped by a physician of eminence and repute, the editor of a medical journal, who informs him he has just received a communication from one of his correspondents, in which castration is recommended for certain forms of epilepsy attended with great venereal excitement, and that nine cases had been successfully treated by this method. The letter containing this announcement Dr. Reese reads to him, and advises him to submit to the operation, at the same time offering him an introduction to Prof. Parker, Surgeon of the Bellevue Hospital, and Professor of Surgery at the University of New York, and one of the most eminent surgeons in that city. A consultation is held between Dr. Reese and Prof. Parker, when the latter having been made acquainted with the history of the case, and had his attention called to the cases published in Dr. Reese's journal, consents to perform it, and is only deterred from doing so by the interposition of a medical relative of the patient, who was of opinion that no benefit would result. From this period is to be dated the desire of the patient to be castrated; and believing that he had at last found a remedy for his disease, is it to be wondered at that he should be earnest and urgent in his desire to avail himself of it? Moreover, when he called to mind the origin of his fits—their recurrence on his first marriage, after they had been absent for the two preceding years—their exacerbation on his second marriage, as well as under any sexual excitement—and his frequent nocturnal pollutions—could he dissociate the fits from the sexual organs? And was not the fact of his thus associating them a proof rather of his sanity than of his insanity? I appeal to the candor of the society whether there

is the least analogy between a man desiring castration under such circumstances, and the morbid craving for mutilation of a madman? I would further remark, that the removal of the exciting cause of epilepsy, as indeed of any other disease, has been long recognized as the established rule of practice; and, although it is not always possible to determine what this cause may be, I hold it to be generally admitted that we are justified in acting on a fair presumption of the cause, though such presumption must necessarily fall short of actual proof. Acting on this presumption, epileptic patients have been subjected to the dangerous operation of trephining, sometimes with and sometimes without success. Acting on such presumption, Wardrop cured a case of eccentric epilepsy, by removing a joint of a healthy finger. Tissot relates a case where a similar good result followed amputation of the great toe. Dr. W. H. Edwards, of Virginia, U. S., cites another, in which the leg was amputated a few inches below the knee-joint; and several similar or analogous examples are on record. It must be obvious, then, that in all of these cases the epilepsy was of eccentric origin, and that the great nervous centres were only affected secondarily and sympathetically. Now, the whole history of the patient whose case forms the subject of this paper, pointed to the abuse of the reproductive organs as the original source and the subsequent exciter of the epileptic paroxysms; indeed, the early abuse to which they had been subjected had so increased their functional activity that they were habitually in a state of abnormal excitement, and this reacting on the brain prevented that repose of the organ so favorable, if not essential, to its recovery, and constantly tended to counteract the effect of other remedial agents. But I am assuming here that the brain is affected; and indeed, in so long standing a case, it would be absurd to suppose that this organ was not in some measure damaged, although it may not originally have been the starting-point of the disease. I am aware it may be objected that the excitement of the genital organs was the effect and not the cause of disease of the brain, and that the origin both of the fits and of the sexual excitement must be referred to cerebral disorder. Now, though it may not be possible to prove the negative of this, there are so many facts which demonstrate the influence of the reproductive organs over the cerebral functions, that it is no unfair inference to suppose they may have thus acted in the present case. I hold, then, that the removal of all extrinsic sources of excitement from a disordered brain is both reasonable and proper; and believing, as from the history of the case I was entitled to do, that the reproductive or-

gans of this patient did exercise an injurious influence on his brain—seeing, moreover, that precedents were not wanting where the removal of the testicles, under like circumstances, had been attended with success—I say, taking into consideration all these circumstances, I maintain that the request of the patient was not unreasonable, and that it was perfectly justifiable to accede to his wishes. The results of the operation are, so far as can be judged of at present, certainly not such as the patient anticipated: the fits continue to recur with much the same frequency, and are of a similar character."

Mr. Solly said he saw the patient in St. Thomas' Hospital, where a consultation was held, and Mr. Simon was inclined to yield to the man's wishes, against the general feelings of his colleagues. He (Mr. Solly) suggested, that if any operation was performed, the spermatic artery should be tied on one side, and if that proved in any way successful, a similar operation might be performed on the opposite side. His reason for making the suggestion was, that castration was by no means a harmless operation, or unattended with danger. The last patient whom Mr. Green castrated died within a short time after the operation.

Mr. Holmes Coote said that the patient, having enjoyed the hospitalities of the public institutions in France and Germany, might now be seen any day in St. Bartholomew's walking about and airing himself, in the conscious dignity of having been castrated. It appeared to him that the man was a monomaniac. In an institution with which he was connected, Bethlehem Hospital, if all the operations were performed which the patients desired there would be a strange collection of individuals. One man desired to have his throat cut; another wished to be hung, and a third cut off his penis. In the case of a young woman subject to erotic monomania, a surgeon consented, at her request, to excise the clitoris, with the same effect as in Mr. Holthouse's case. The disease was really in the brain, and could only be relieved in an asylum under proper supervision.

Dr. Schuloff stated that eunuchs in the east were found to suffer from epileptic fits.

Dr. Webster had no doubt that Mr. Holthouse's patient was of unsound mind, and the circumstance of his strong desire to be castrated he regarded as a striking indication of that fact. He did not think the surgeon was justified in performing the operation simply because the patient requested it. The statement of the American cases, however, appeared to be sufficient to justify the operation. Long-standing epilepsy was generally accompanied with unsoundness of mind.

Mr. Acton said there were many instances recorded of *operations de complaisance*, so that Mr. Holthouse was not without precedents for his justification. He hoped, however, that surgeons would be prevented from performing an operation of the kind detailed, seeing that the results were so unsatisfactory. He wondered that no one appeared to have suggested the cauterization of the urethra, which some persons considered useful in such affections.

Mr. Hale Thompson had seen the patient in Westminster Hospital, and had no doubt of his insanity. Had he heard of cauterization no doubt he would have proposed it. He had heard more false logic in the paper than he had ever heard in the society before; and he suggested whether it would not be better to follow the rules of practice laid down by eminent surgeons in this country, rather than adopt ill-understood American eccentricities. When the operation was performed he (Mr. Thompson) protested against it, the testicles being perfectly sound, and left the theatre rather than sanction by his presence such a proceeding. The operation was not without danger, and the man suffered fearfully from hemorrhage for two hours.

Dr. Ogle believed the man to be a monomaniac, and he had seen a letter from Paris respecting him, in which it was stated "the physicians think him stark mad." With regard to the experiments upon the lower animals, it was found that if they were castrated before puberty, their sexual desire was entirely destroyed, but was not the case if the operation was performed at a later period. Cases were on record in which children had been begotten after castration, and it was known that some eunuchs had harems of their own; and it had been stated that a monarch of Persia, finding that the removal of the testes from eunuchs did not destroy desire, ordered that the entire organ should be removed. Juvenal, also, in his sixth satire, had a passage in which he showed that the women were in the habit of indulging themselves with eunuchs.—*Med. Times and Gazette*, April 2, 1859.

BOOK AND PAMPHLET NOTICES.

ANATOMY, DESCRIPTIVE AND SURGICAL. By HENRY GRAY, F. R. S., lecturer on Anatomy at St. George's Hospital. The Drawings by H. V. CARTER, M.D, late demonstrator of Anatomy at St. George's Hospital. The Dissections jointly by the author and Dr. Carter. With 363 engravings on wood. Philadelphia: Blanchard & Lea. 1859.

This is a republication by Blanchard & Lea, of a London book, on descriptive and surgical anatomy. The striking feature of the work is in the plan of illustrating the text.

In the cuts, which are numerous and of large size, the old fashioned system of numeration and foot references has been discarded, and in its stead has been substituted printing the name of each anatomical part upon the representation of the part itself. The figure thus explains itself. There are those who object to such plates, on the ground that it so simplifies the subject that it will prevent the student from prosecuting his anatomical studies upon that only reliable book the *cadaver*. But we do not think so.

We cannot but regard the method of illustrating adopted in this work as possessing many advantages to the student of anatomy.

Since the publication of illustrated works on anatomy and manuals, practical anatomy has actually increased in popularity. However, it is as essentially a diagramatic work, and its value will be estimated differently by different readers. Another feature of the work which should not be overlooked, is the application of human anatomy to practical surgery. We find the following in the preface:

"One of the chief objects of the author has been to induce the student to apply his anatomical knowledge to the more practical points in surgery, by introducing in small type, under each subdivision of the work such observations as show the necessity of an accurate knowledge of the part under examination."

The study of anatomy and surgery should go hand in hand; but we have no work in which the student can find the details of

descriptive anatomy, combined at the same time with a concise account of the practical surgical relations of the parts.

The present volume is intended to supply this deficiency. The publishers have produced the American edition in an unexceptionable manner.

For sale by W. B. Keen, 146 Lake street, Chicago.

URINARY DEPOSITS, DIAGNOSIS, PATHOLOGY, AND THERAPEUTICAL INDICATIONS. By GOLDING BIRD, M.D., F.R.S. Edited by EDMUND LLOYD BIRKET, M.D., etc. A new American, from the fifth London edition. With 80 illustrations on wood. Philadelphia: Blanchard & Lea. 1859.

The profession, we think, have shown their appreciation of this work, by calling for five editions of it in London, and three in this country. The present volume, a new American, from the fifth London edition, has been revised and brought up to the present period. This work is one of very great practical value in investigating urinary diseases, and they are of such grave importance, that every physician ought to possess every possible aid in the diagnosis and treatment; and we know of no work which in so small a space will afford him so much material aid. The work is fully illustrated with finely executed wood cuts, and is every way creditable to the publisher.

For sale by W. B. Keen, 146 Lake street, Chicago.

A PAPER ON THE MANAGEMENT OF THE SHOULDERS IN EXAMINATION OF THE CHEST, INCLUDING A NEW PHYSICAL SIGN. Read before the New York Academy of Medicine. By JOHN W. CORSON, M.D., lecturer on diseases of the Chest, etc. (From the *New York Journal of Medicine* for March, 1859.) New York: H. Bailliere, 290 Broadway.

The object of this paper is to set forth the importance of the *position* of the shoulders during examination of the chest. The process in each case involves three principles—*thinning*, condensing and tightening; and is illustrated by the simple experiment of placing one fore-arm of a muscular man behind his back, while the other hangs loosely by his side, when the sound especially of percussion will be heightened below the clavicle of the stretched side in front.

Dr. Corson says, "from extensive trial, we firmly believe that, simple as they may seem, this management of the shoulders, these expedients for thinning, condensing and tightening the fleshy walls of the chest add fully one-third to our power of detecting the earliest signs of consumption."

CONTRIBUTIONS TO OPERATIVE SURGERY AND SURGICAL PATHOLOGY. By J. W. CARNOCHAN, Professor of Surgery in the New York Medical College; Surgeon in chief to the State Emigrant Hospital, etc. With illustrations drawn from nature. Philadelphia: Lindsay & Blackiston. 1859.

The above contributions are to be published in a series of ten numbers, to be issued quarterly. The second number of the series, containing 44 pages, of quarto size, and complete in itself, has been placed upon our table.

It contains a report of the following cases, with illustrations:

Case of Exsection of entire ulna.

Remarks on Neuralgia of the Face, with a case. Exsection of the trunk of the second branch of the fifth pair of nerves beyond the ganglion of Meckel, for severe neuralgia of the face; with three cases.

Terms of subscription, each number, 75 cents, to be paid for on delivery.

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FORTY-SECOND ANNUAL REPORT ON THE STATE OF THE ASYLUM FOR THE RELIEF OF PERSONS DEPRIVED OF THE USE OF THEIR REASON. Published by direction of Contributors. March, 1859. Philadelphia.

TRANSACTIONS OF THE STATE MEDICAL SOCIETY, OF MICHIGAN, at its Seventh Annual Meeting, held at Lansing, January 19th, 1859.

CONSTITUTION AND BY-LAWS OF THE CHICAGO ACADEMY OF MEDICAL SCIENCES. Adopted March, 1859.

A LECTURE ON IDIOCY. By JOHN M. GALT, M.D., Superintendent and Physician of the Eastern Lunatic Asylum of Virginia, at Williamsburg.

The title of this lecture may not, to some, give a promise of either much pleasure or profit in the perusal, as most men think

idiots insusceptible of improvement by treatment, either physical, moral or intellectual. However, Dr. Galt thinks otherwise, and he wishes to show that, from the mere fact of institutions for this humane object being now multiplied over Europe, a great deal of scepticism which the subject encountered is removed. He notices a recent article in the *Medical Times and Gazette*, by Mr. Hutchinson, containing a report of the mode of procedure adopted in such cases at the hospice of Abendborg, under the care of a physician, who rejoices in the not very euphonic cognomen of Guggenbuhl. We presume the gentleman proceeds in the treatment on the supposition, shared by others, that in the great majority of his patients, their melancholy condition of mind depends on a torpor of its faculties, and that these only require awakening. This, at least, the details of treatment, which our space will not admit of, would lead us to infer. Certainly, Dr. Guggenbuhl has ample opportunities for observation and testing his practice, as there are, at least, 10,000 cretins, all idiots, in the Swiss Cantons; and he has, accordingly, profited by such, as his reputation is quite established in this department.

The connection, still ill-understood, between this state of mind and a residence in mountainous regions, so often insisted on by writers, is remarkable; but, like other pathological conditions of our nature, we infer this to be but one link in the chain of events antecedent to and productive of the affection under consideration.

We are told by Dr. Galt, that there are but 35,000 idiots in the United States—a fact, if well ascertained, consolatory, when we compare our lot in that respect with what we learn of Savoy, and the three departments of France—Isere, Basses, and Haute Alps, where, in the year 1850, no less than 54,000 of the inhabitants, or about 5 per cent. of the whole population, estimated at nearly a million, were idiots.

MISCELLANEOUS MEDICAL INTELLIGENCE.

PROCEEDINGS OF THE ROCK RIVER UNION MEDICAL SOCIETY.

The annual meeting of the Society was held at Sterling, June 15th.

The President, Dr. J. A. Jackson, being absent, Dr. D. Williams, of Sterling, was chosen President *pro tem.*

Proceedings of last meeting read and approved. Constitution read.

On motion, Dr. Wm. J. Galt of Sterling was admitted a member of the Society.

Dr. G. W. Phillips, chairman of the Committee on Practical Medicine, made a report, which, on motion, was adopted, and the Secretary directed to place a copy of it on file.

A discussion arose in regard to that portion of the report, in relation to the "Effects of Alcoholic drinks in Tuberculosis," or upon those predisposed to the disease.

The discussion was participated in by Drs. Abbott, Hudson and Phillips.

A case of Rabies having recently occurred at Dixon, was reported by Dr. Abbott. The patient, an Irishman; occupation, well-digger; age about fifty. He was bitten in the hand by a rabid dog six weeks before the disease manifested itself. Symptoms: the attack commenced with chilly sensations, and confusion of intellect, soon followed by slight spasms of the muscles of respiration and deglutition upon attempting to swallow food or drink; a constant sense of constriction about the throat and chest; respiration but little affected; pulse rather weak and contracted; occasionally would swallow water by bringing the cup up behind him, so as not to see it; third, vomiting and spitting of viscid mucus; mind clear, but irritable; he showed no disposition to injure any one; the bitten limb was painful, and was partially paralyzed; the least breath of air was annoying to him; general convulsions did not occur; he died while sitting in his chair, thirty-six hours from attack.

He was seen by the medical fraternity of Dixon, but refused all treatment except what was given him by a root doctor.

Drs. Royer and Hudson stated, that there had been three cases of persons bitten by mad dogs, at Sterling, within a few days. The treatment made use of, was excision of bitten part, and application of caustic.

Dr. Hudson was appointed to make a report upon—"The curative effects of opium in febrile and inflammatory diseases," said, he had prepared a paper, but not having a copy, gave a synopsis of the report.

Dr. Phillips reported a case of mortification of the lungs, occurring as a primary disease, not being preceded by a single symptom common to acute inflammation.

The Secretary directed to place a copy on file.

On motion of Dr. Phillips, a committee of three were appointed, consisting of Drs. Donaldson, Phillips, and Royer, to revise the present fee-bill, and report at next meeting.

Dr. Donaldson introduced the subject of scabies, the pathology and treatment of which was discussed by Drs. Donaldson, Abbott and Phillips.

The officers elected for the ensuing year, were:—For President, Dr. H. C. Donaldson, of Como; Vice-President, Dr. Moses M. Royer, of Sterling; Secretary, Dr. G. W. Phillips, of Dixon; Treasurer, Dr. H. S. Hudson, of Sterling.

On motion of Dr. Hudson, the President and Secretary were authorized to appoint delegates to the National Medical Association and State Medical Society.

On motion of Dr. Phillips, Dr. A. S. Hudson was appointed to deliver the popular address at next meeting.

On motion of Dr. Hudson, Dixon was selected as the place for holding the next semi-annual meeting.

Dr. J. B. Porter, who was appointed to deliver the popular address at this meeting, being absent, no address was forthcoming.

On motion of Dr. Hudson, the Secretary was directed to

prepare a synopsis of the proceedings of the meeting, and send it for publication in *Chicago Medical Journal.*

On motion, adjourned.

G. W. PHILLIPS, *Secretary.*

AN INAUGURAL DISSERTATION UPON THE AVULSION OF THE ARM AND SCAPULA.

BY H. B. HORLBECK, OF CHARLESTON, S. C.

This report includes the history of four cases of this very formidable injury, and illustrates what we should not be ready to expect, that the system submits to the rending away so important a part of the body as the arm and scapula, and the consequent laceration of muscles, nerves and vessels, with a much less sensible disturbance than we often witness after injuries that in comparison appear trivial; for in these cases there was said to be "almost entire absence of nervous shock, the harmony of the great functions of life being almost undisturbed." The explanation offered for this phenomenon is, "that all the bruised and contused tissues have been entirely removed, and only those of a sound and healthy nature left." If this is the true solution of the alleged fact, would it not argue strongly in favor of immediate amputation after severe injuries? thus including the operation and injury in a single shock, and freeing the system at once from all "contused tissue." Of these four cases, all recovered, two with, and two without ligature of the wounded artery; but, in reading an account of them, we are led to question the necessity of the use of the ligature in either case, and to think that the danger to the patient was augmented by the disturbance of the wound, which was necessary in order to secure the vessel. The explanation given of the well known fact, that a lacerated artery does not emit much blood, is clear and undoubtedly correct, and is to be sought in the anatomical formation of those vessels. When traction is put upon an artery sufficient to tear it asunder, its internal and middle coats, whose powers of assistance are slight, first give way and retract; the external coat, composed

of condensed cellular issue, is elongated, and, finally parting, closes over the divided end of the middle and interior coats, and thus retains a coagulation of blood up to the point where the first vessel is given off; in this manner fulfilling in every particular the purposes of a ligature. These cases are interesting, as demonstrating the ability of the system to surmount the effect of most extensive mutilation, and will serve to put us on our guard against unnecessary interference for the purpose of ligating vessels, though they be of considerable magnitude, if they are torn across and do not bleed.—*Charleston Medical Journal.*

ON THE HYSTEROTOME FOR THE CURE OF DYSMENORRHEA, INVENTED BY DR. O. A. WHITE, OF CHARLESTON, S. C.

[From the *Charleston Medical Journal and Review.*]

The author of this article assumes the cause of Dysmenorrhea to be a "preternatural narrowing of the uterine canal," which in some cases is doubtless true, and it then generally depends upon defective development of the neck of the uterus. He then proceeds to recommend in these cases, as a means of cure, incisions within the neck of the uterus, which, he claims, can be most easily and efficiently made by the use of his hysterotome, which is an instrument similar to a male catheter, that can be readily introduced to the desired extent, and then by means of a screw, two blades can be made to project from opposite sides, which make the incisions as the instrument is withdrawn. After which, by the use of sponge tents for a short time, the part is kept dilated.

Now, is it philosophical to treat a part in such a condition by incisions? the first effect of which would be to abstract a certain amount of blood from the part in which there is already a defective circulation. Would we treat any other atrophied part in this way? On the contrary, the plan suggested long ago by Dr. McIntosh is doubtless the correct one, which is, to carefully and repeatedly dilate the os and cervix uteri with bougies of various sizes. This is in accordance with the principle well

understood by every tyro in the profession, viz., that a part is increased in size and power by exercise. Besides the plan of treatment, proposed in the paper, for these cases, must be injurious on another account, the cicatrices which would necessarily follow the incisions, would, by contracting, as they always do, render still narrower the passage already too nearly closed, and the author's attempt to meet this objection by the temporary use of sponge tents, must fail, for the contraction of a cicatrix continues even after the tents are withdrawn. And again, should conception follow these operations, as it sometimes does, another difficulty might be reasonably apprehended, as a consequence of the cicatrices, viz., an unyielding neck and os uteri.

Dysmenorrhea may depend upon endo-metritis, and when it does, this instrument may be made useful, in abstracting blood from the part affected, upon the principle of local depletion, but such cases are rare, and form but a small proportion of the cases where narrowing of the neck of the uterus exists.

It was not our intention to specify all the causes of dysmenorrhea at this time, but we will allude to one which has become quite prevalent of late. Ladies who obtain their knowledge of hygiene from hydropathic journals, and are in the habit of daily cold bathing, are commonly the subjects of dysmenorrhea, and for these we have frequently been called to prescribe.

Believing that in these cases the painful menstruation was caused by congestion of the uterus, or its lining membrane, which was kept up by the repeated application of cold to the surface, the enfeebled organ not being able to react as a healthy structure would do, we have not unfrequently been gratified to find that all the painful sensations have disappeared upon our prescribing the cold bath.

In cases like those referred to in the paper which has called out these remarks, there are good reasons, as well as high authority, for the teaching that all rudeness and violence should be avoided.

VARIOUS FORMULÆ FOR THE GELATINIZATION OF COD-LIVER OIL.

M. STANISLAS MARTIN'S JELLY MODIFIED.

℞.	Cod-liver oil, - - -	℥ ij.
	Fresh spermaceti, - -	ʒ ijss.
	Simple syrup, - - -	℥ vj.
	Jamaica rum, - - -	ʒ vj.

Beat the ingredients together with the aid of heat, and when the mixture has acquired some consistence, pour it into a wide-mouthed bottle.

COD-LIVER OIL SOLIDIFIED WITH GELATINE.

℞.	Pure gelatine, - - -	ʒ ss.
	Water, - - - -	ʒ iv.
	Simple syrup, - - -	ʒ iv.
	Cod-liver oil, - - -	℥ viij.
	Aromatic essence, - -	q. s.

Dissolve the gelatine in the boiling water, and add successively the syrup, the oil, and the aromatic essence; place the vessel containing the entire in a bath of cold water; whip the jelly for five minutes at most, and then pour it, while still fluid, into a wide-mouthed glass bottle, furnished with a cork, or with a pewter cap, or if a bottle be not at hand, into a porcelain or earthenware pot, which should be carefully closed.

COD-LIVER OIL GELATINIZED WITH CARRAGEEN OR IRISH MOSS.

℞.	Fucus crispus, - - -	ʒ ss.
	Water, - - - -	℥ xvij.
	Simple syrup, - - -	ʒ viij.
	Cod-liver oil, - - -	ʒ viij.
	Aromatic, - - -	q. v.

Boil the carrageen in the water for twenty minutes; pass the decoction through flannel; concentrate it until it is reduced to four ounces by weight; add the syrup, the oil, and the aromatic; whip the mixture briskly, having first placed it in a cold bath, and pour it, while still a little warm, into the vessel intended to receive it. The syrup may be replaced by an equal quantity of Garus' elixir, mint or vanilla cream or rum, etc.

M. Sauvin proposes to combine cod-liver oil with Iceland moss.

LICHEN AND COD-LIVER OIL.

℞. Iceland moss jelly, - - ʒ iv.
Gelatine, - - - ℈ iv.
Hydrocyanated cod-liver oil (to which two drops of essence of bitter almonds have been added), - - - ʒ vj.

Prepare the Iceland moss jelly in the usual manner; melt the gelatine and pass it into the vessel which is to hold it; then add the cod-liver oil; stir the entire with a spatula, until the mixture be homogeneous and the jelly begins to congeal. Dose—two or three spoonsful daily.—*Bull. Gen. de Therap.*—*Dublin Hospital Gazette, Aug.* 15, 1857, *p.* 254.

CREAM AS A SUBSTITUTE FOR COD-LIVER OIL.

The *N. A. Medical Reporter* says, "Prof. Clark, of New York, who is a most thorough pathologist, recommends the use of pure sweet cream as a nutritious article in consumption. He informs us that he has used it for some years in this disease, with very gratifying results. We now have a patient under treatment, with consumption, who is taking the cream instead of cod-liver oil, according to the advice and council of Dr. Clark, and the cream has had better effect than the cod-liver oil."

CHLOROFORM.

A writer in the *Household Words* gives the following description of the discovery of the powerful anæsthetic properties of chloroform:

To Professor Simpson, of Edinburgh, belongs the distinguished credit of introducing chloroform, which has nearly superseded all other anæsthetics. Possessed with the notion that something better than ether existed in the chemical world, the Professor set about deliberately to examine any volatile substance

which afforded a promise of revealing the required properties. Various gases and liquids were experimented upon; and at last chloroform—a ponderous liquid which provoked no great expectations, and only known as a chemical curiosity in the laboratory—was brought to the trial. Doctor Simpson, with his two assistants, sat down late one night, after an arduous day's toil, and, when most physicians as well as patients were wrapped in sleep, began to inhale various substances which had been collected. A small bottle of chloroform had been raked up out of some obscure corner, and was to take its turn with the rest. Each experimenter provided himself with a tumbler or finger-glass, a portion of each selected fluid was poured into the bottom of it, and the glass was placed over warm water to favor evolution of vapor. Holding the mouth and nostrils over the vessel, these votaries of science courageously explored this *terra incognita* by inhaling one vapor after another. At last each charged his tumbler from the small bottle of chloroform, "when immediately," says Professor Miller, "an unwonted hilarity seized the party; they became bright-eyed and very happy, and conversed with such intelligence, as more than usually charmed other listeners who were not taking part in the proceedings. But suddenly there was a talk of sounds being heard like those of a cotton-mill, louder and louder; a moment more, then all was quiet, and then—crash!

"On awaking, Doctor Simpson's first perception was mental: 'This is far stronger and better than ether,' he said to himself. His second was to note that he was prostrate on the floor, and that his friends were confused and alarmed. Hearing a noise, he turned round, and saw his assistant, Doctor Duncan, beneath a chair, his jaw dropped, his eyes staring, and his head half bent under him; quite unconscious, and snoring in a determined and alarming manner. More noise still, and much motion, and then his eyes overtook Doctor Keith's feet and legs making valorous efforts to overturn the table, or more probably to annihilate everything that was on it.

"All speedily regained their senses, and from that day, or rather from the middle of that night, dates the discovery of the marvellous properties of chloroform."

Dr. Grover, of Momence, Illinois, has obtained a patent for an abdominal supporter, to take the place of the ordinary bandage or binder applied after delivery.

THE ECRASEUR.

The *Lancet* says "the ecraseur has become almost obsolete in London hospital practice. We have ever looked upon its use as an unsurgical proceeding. Like every other novelty, it has had its trial, and it will soon be altogether laid aside, unless in some very exceptional surgical maladies, in which the risk of hemorrhage may again require its aid."

PROFESSIONAL HABITS IN 1670.

The great Sydenham, in the last treatise which he wrote, gives the following account of his own manner of living:

"In the morning when I rise, I drink a dish or two of tea, and then ride in my coach till noon; when I return, I moderately refresh myself with any sort of meat of easy digestion that I like (for moderation is necessary above all things); I drink somewhat more than a quarter of a pint of Canary wine, immediately after dinner every day, to promote the digestion of food in my stomach, and to drive the gout from my bowels. When I have dined I betake myself to my coach again, and when my business will permit, I ride into the country two or three miles for good air. A draught of small beer is to me instead of a supper, and I take another draught when I am in bed, and about to compose myself to sleep."

ATTENDANCE ON MEDICAL LECTURES IN LONDON.

We have become so accustomed to hearing the names of distinguished teachers in the various departments of medicine and surgery in London, that we fancy that large numbers of students and practitioners will avail themselves of this privilege of hearing them.

On this point Dr. A. B. Palmer, senior editor of the *Peninsular and Independent Medical Journal*, writes as follows from London to that journal:

Dr. Walshe has delivered only one set clinical lecture this term, which one I had the pleasure of hearing. It was upon mediastinal tumors, and based upon a case which occurred some time before. It was an exceedingly able lecture, philosophical and discriminative—analyzing closely all the symptoms, comparing them with such as might have been produced by other pathological conditions, and with which they may have been confounded, etc.; and it was delivered in the clinical lecture room to just *thirteen* students, two of whom were asleep during most of the hour. The places of these sleeping ones were supplied by another American physician and myself, so that there was still an audience of a baker's dozen. I have been astonished everywhere to find the classes listening to lectures, so small.

There is only a dozen attending Dr. Jenner's lectures, on pathological anatomy; some fifteen or sixteen Mr. Erichsen's clinical lecture, which I heard; and in the large school and hospital of St. Bartholomew, the classical Dr. West, in his regular course on obstetrics, is lecturing to between thirty and forty; and Dr. Murphy, in the same regular course, at University College, is addressing about half that number. The largest class I have seen assembled for a lecture was at Dr. Garrod's, at University College, and that was between fifty and sixty. The reason of this is to be found in the large number of schools, and the more moderate number of students studying in the Metropolis. The practice of lecturing to so few gets the professors in the habit of being dull in their manner. As a body, they are much more prosy than those I have been accustomed to hear in our own country.

Dr. Garrod is an active and industrious man, and is on duty in the hospital. He has fewer students attending in his ward than Dr. Walshe. I think I have not seen present more than half a dozen, and the average of those attending the physicians in their wards in all the hospitals, is but little over this number. The surgeons are generally better attended, their numbers

being from ten to twenty-five, at most, except when there are operations in the amphitheatres.

THE Legislature of New York has incorporated a Preparatory School of Medicine in the city of New York. The following are the Lecturers:—on Surgery, John O. Bronson, M.D.; Midwifery and Diseases of Women and Children, Chas. A. Budd, M.D.; Chemistry and Toxicology, Bern L. Budd, M.D.; Legal Medicine, Hon. John H. Anthon; Physiology and Micrology, Charles K. Briddon, M.D.; Botany and Materia Medica, Geo. Thurber, M.D.; General and Special Pathology, Geo. A. Quimby, M.D.

The Faculty are empowered, under certain restrictions, to confer the degree of *Bachelor of Medicine.*

ELECTRICITY AS AN ANÆSTHETIC AGENT IN DENTAL SURGERY.

At a meeting of the College of Dentists, on Tuesday last, at the board-room in Cavendish square, the report of the committee appointed for testing the power of electricity in alleviating the pain caused by "tooth drawing" was read by Dr. Richardson. The following is an abstract of the document:

"Sixty-eight cases of extraction were recorded, in sixty-five of which the anæsthetic value of electricity was tested; in fifty-five of those the intermittent current was employed, and in ten the continuous. In these experiments every possible modification was introduced. The poles of the batteries were reversed in different cases; the force of the current, as indicated by the sensations of the patients, was varied; and every necessary precaution was made to secure insulation of the operator. In a large proportion of these cases the results were negative. In some the application of the current produced additional pain; in others, less pain was produced; and, in five cases, there was direct evidence of relief.

"In cases where relief was most apparent, the committee believed that the insensibility was general, the patient being at

the time of the operation in a state of syncope. In cases where it was expressed that the pain was less than had been experienced on previous occasions when no electricity was used, the committee consider that the apparent benefit was traceable to four causes—diversion of sensation, less difficult in extraction, syncope more or less marked, and differences in method of operating.

"Cases in which pain was increased by the current were those of recent inflammation of the periosteum, or where abscess was present. In regard to the direction of the current of electricity, its force as computed by the sensations of the patient, the position of the poles, and the different forms of electrical apparatus and currents, the committee could arrive at no affirmative results; differences in these respects indicating in the main no specific differences in effect.

"In a final point the committee were unanimous, that in not one instance did any member observe the nearest approach to local anæsthesia. At the same time, the members were of opinion that the intermittent current was allowable in certain cases as a means of producing a diversion of sensation. But as, in a scientific point of view, the electrical current could not be accepted as an anæsthetie, the committee had no data on which to recommend any special electrical apparatus, nor any particular method of applying electricity in dental operations."

EVIL OF SMOKING TOBACCO, AND ITS NATIONAL COST.

A controversy is just now going on in Glasgow, between Mr. William Logan and Dr. M'Leod, as to the utility or the evil of tobacco-smoking. Mr. Logan uses some very forcible argument against the employment of the "weed." He says he had lived—

"In London, Leeds, Rochdale, Bradford, and Glasgow, for upwards of sixteen years amongst the humbler classes; and whilst he had met with thousands of inveterate smokers, he never found one of them attempt to defend smoking, but they almost invariably referred to it, of their own accord, as a 'bad

habit,' and regretted that they had been foolish enough to learn it. The only occasion on which he had seen tobacco used with apparent advantage was when visiting, some eighteen months ago, the inmates of the Lunatic Asylum at Edinburgh, where the intelligent medical superintendent gratified about a dozen of the unfortunate inmates by quietly dividing amongst them about half an ounce of tobacco."

SURGICAL ITEMS.

NEW MEDICAL GAZETTE.

Prof. Gustav C. E. Weber has issued at Cleveland, a monthly medical journal, of 32 pages, at one dollar per year. While several medical periodicals, among which, the *Montreal Chronicle*, the *Maine Medical Journal*, the *Louisville Medical Gazette*, have been induced to suspend for want of support, we cannot but honor the courage of one who assumes the responsibility of a new one.

Prof. Weber holds the chair of Surgery in the Cleveland Medical College, formerly so ably filled by the late lamented Prof. Ackley, and his journal gives promise of usefulness.

We believe that Prof. Hamilton has recently completed his work on fractures, and that it will soon be issued from the press.

OVARIOTOMY.

At the time of writing a notice of this operation, we were not in the possession of the essay of Dr. Lymen, of Mass., published in 1856. This essay is in many respects the most complete which has yet been published on the subject, and contains some very just criticisms on tables and cases formerly published. It

is deficient at the present date, in what regards the use of iodine injections for ovarian cysts. It appears that Dr. Lyman is preparing a new and larger edition of his valuable essay in which this defect will no doubt be remedied.

We notice in the last number of the *St. Louis Medical Journal*, a fifth operation by Professor Pope mentioned. The patient died one or two hours after the operation, and the tumor was found to be of a cancerous nature.

Operations for the radical cure of hernia are the prevailing mania of the profession just now, and instruments of various kinds are offered in all instrument makers' shops, by which the *manuel operatoire* may readily be effected.

This mania is a disease which only attacks a surgeon once, and, having experienced it several years since, we are at present exempt. We would say, therefore, to our friends, be not in a hurry to perform operations for the radical cure of hernia.

The operations now proposed, are essentially that of Gertly, in vogue about twenty years ago. If the effects are slight, it fails of success; if severe, it is dangerous.

LARREY, FATHER AND SON.

The announcement of the appointment of Baron Larrey as surgeon-in-chief of the army of the Alps, now of Italy, has awakened an interest concerning the antecedents of this surgeon, which the paragraphs circulating in the journal do not satisfy.

The career of the elder, Jean Dominique Larrey, is so well known as to require little notice. He commenced his career as surgeon on board a French national vessel in 1787, and was sent to the coast of Newfoundland. Returning to France the following year he was appointed assistant surgeon in the army, and served his first campaign, under Marshal Luckner, on the Rhine, in 1792. From that time to the battle of Waterloo, in 1815, he was always engaged in military duties, mostly as sur-

geon-in-chief of the imperial guard. In Italy, Egypt, Syria, Germany, Russia, wherever the French arms were carried, was Larrey found. He died at Lyons, in 1842, at the age of 76, Member of the Institute, of the Royal Academy of Medicine, Commander of the Legion of Honor, Member of the Council of Health of the Army, and bearer of many other honorable titles besides, he rose to the highest social rank. His principal works are his Memoirs of Military Surgery, *Clinique Chirurgicale*, and *Relation Medicale des Campaignes et Voyages, from* 1815 *to* 1840.

No surgeon has left so great a reputation, both scientific and popular. It was he of whom Napoleon said, "he is the most virtuous man I have known," and to whom the people of France erected a bronze statue by penny subscription.

This beautiful work of art, from the hand of David, the sculptor, stands in the court yard of the Val-de-Grace Hospital at Paris.

The present surgeon-in-chief of the army of Italy, Hyppolite Larrey, is his only son. It is no disparagement of the father to say, that he is in all respects a worthy successor. I believe he has already won many of the posts of trust and honor held by the elder Larrey. He is surgeon-in-ordinary of the Emperor, Professor of Clinical Surgery at the Val-de-Grace Hospital, Member of the Imperial Academy of Medicine, Member of the Council of Health of the army, Surgeon-in-Chief of the army of Italy, etc. It is said that, before leaving Paris, he donated the house in which his father was born to the town in which it was situated, and appropriated a sufficient sum to yield $250 per year, for the purpose of keeping up a school for children in it. The association of the younger Larrey with the younger Napoleon has something of poetic justice not often met with in real life. May the career of both be as glorious, and more fortunate than that of their predecessors.